

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035395

Entity Name: ADABODY, INC.

Current Principal Place of Business:

9590 S.W. HWY 200
UNIT 14
OCALA, FL 34481

Current Mailing Address:

9590 S.W. HWY 200
UNIT #14
OCALA, FL 34481 US

FEI Number: 20-2432306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADABODY, THOMAS J
865 N. FOXRUN TERRACE
INVERNESS, FL 34453 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ADABODY, THOMAS J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

Title VPRE
Name ADABODY, SANDRA J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

Title SEC
Name ADABODY, THOMAS J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

Title TREA
Name ADABODY, SANDRA J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

Title DIR
Name ADABODY, THOMAS J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

Title DIR
Name ADABODY, SANDRA J
Address 865 N. FOXRUN TERRACE
City-State-Zip: INVERNESS FL 34453

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J. ADABODY

PRESIDENT

03/29/2025

Electronic Signature of Signing Officer/Director Detail

Date