

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000503

Entity Name: SPIRIT SOLUTIONS, INC.**Current Principal Place of Business:**2111 EAST MICHIGAN STREET
ORLANDO, FL 32806**Current Mailing Address:**6113 OXBOW BEND LANE
PORT ORANGE, FL 32128**FEI Number:** 30-0743978**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NIDIFFER, WILLIAM M
6113 OXBOW BEND LANE
PORT ORANGE, FL 32128 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	CP
Name	NIDIFFER, WILLIAM
Address	6113 OXBOW BEND LANE
City-State-Zip:	PORT ORANGE FL 32128

Title	VCVP
Name	NIDIFFER, ERIC
Address	6113 OXBOW BEND LANE
City-State-Zip:	PORT ORANGE FL 32128

Title	S
Name	PUSTEVOSKY, MONICA
Address	4244 SAXON DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	T
Name	GRUBB, EARNEST
Address	205 FAIR ACRES DRIVE
City-State-Zip:	BRISTOL TN 37620

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: WILLIAM NIDIFFER**PRESIDENT****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date