

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

PAID
FILED
Mar 23, 2006 08:00 AM
Secretary of State
3/20/06

DOCUMENT # P01000110532

1. Entity Name
JDI SOLUTIONS, INC.



Principal Place of Business
**478 HARBOR DR N
INDIAN ROCKS BCH, FL 33785**

Mailing Address
**478 HARBOR DR N
INDIAN ROCKS BCH, FL 33785**



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3755664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETERSEN, CHRIS A
478 HARBOR DR N
INDIAN ROCKS BCH, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000007472563

04/08/06-80010-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PETERSEN, CHRIS A
478 HARBOR DR N
INDIAN ROCKS BCH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRIS PETERSEN

Date

03-20-2006 **727-517-2727**

Daytime Phone #