

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000083548

Entity Name: G2 ID SOURCE INC.

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1515 MONTANA AVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1515 MONTANA AVE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 45-3362555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FREDERICK, DAVID R  
854 SOUTH SHORES RD  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P,VP  
Name: FREDERICK, DAVID R  
Address: 854 SHORES RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: DAVID R FREDERICK

CEO

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date