


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90180 001 \*\*\*150.00  
02-27-2004 90180 002 \*\*\*\*\*8.75

<b>DOCUMENT # S68314</b> 1. Entity Name <b>JD COMMUNIKATERS, INC.</b>					
Principal Place of Business <b>25 2ND ST N SUITE 120 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>25 2ND ST N SUITE 120 ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> <b>KATER, GUILFORD C. 5279 ISLA KEY BLVD. SUITE 110 ST. PETERSBURG, FL 33715</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 <u><i>Guilford C. Kater</i></u> <u><i>Guilford C. KATER</i></u> <u><i>2-23-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KATER, GUILFORD C.</b> <b>5279 ISLA KEY BLVD, #110</b> <b>SAINT PETERSBURG, FL 337151656</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>KATER, JOYCE A.</b> <b>5279 ISLA KEY BLVD, #110</b> <b>SAINT PETERSBURG, FL 337151656</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>SWANSON, EDWIN</b> <b>936 CEDAR LANE</b> <b>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BYRNE, KENNETH</b> <b>2350 DEVIL'S BACKBONE ROAD</b> <b>CINCINNATI, OH 45233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SWANSON, BARBARA</b> <b>936 CEDAR LANE</b> <b>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHRISTOPHER KATER, G</b> <b>5636 EASTBOURNE DR</b> <b>SPRINGFIELD, VA 22151</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Guilford C. Kater</i></u> <u><i>Guilford C. Kater</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>2-23-04</i></u> <small>Date</small>		<u><i>727-823-9595</i></u> <small>Daytime Phone #</small>	

**66403675**



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3077656** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required