

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S68314**

1. Entity Name

JD COMMUNIKATERS, INC.



Principal Place of Business

25 2ND ST N  
SUITE 120  
ST. PETERSBURG, FL 33701

Mailing Address

25 2ND ST N  
SUITE 120  
ST. PETERSBURG, FL 33701



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

6. Name and Address of Current Registered Agent

KATER, GUILFORD C  
5279 ISLA KEY BLVD. S.  
SUITE 110  
ST. PETERSBURG, FL 33715

**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 rehashing)

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**

U000000381900  
01/11/06-80074-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KATER, GUILFORD C  
STREET ADDRESS 5279 ISLA KEY BLVD. S. #110  
CITY-ST-ZIP SAINT PETERSBURG, FL 337151656

TITLE VT  
NAME KATER, JOYCE A  
STREET ADDRESS 5279 ISLA KEY BLVD. S. #110  
CITY-ST-ZIP SAINT PETERSBURG, FL 337151656

TITLE EV  
NAME SWANSON, EDWIN  
STREET ADDRESS 936 CEDAR LANE  
CITY-ST-ZIP NORTHBROOK, IL 60062

TITLE S  
NAME BYRNE, KENNETH  
STREET ADDRESS 2350 DEVIL'S BACKBONE ROAD  
CITY-ST-ZIP CINCINNATI, OH 45233

TITLE D  
NAME SWANSON, BARBARA  
STREET ADDRESS 936 CEDAR LANE  
CITY-ST-ZIP NORTHBROOK, IL 60062

TITLE D  
NAME KATER, CHRISTOPHER  
STREET ADDRESS 5636 EASTBOURNE DR  
CITY-ST-ZIP SPRINGFIELD, VA 22151

U000000381900  
01/11/06-80074-006 8.75

**DO NOT WRITE  
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

Date

Daytime Phone #

1-4-06 727-823-9595