2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90076 001 ***150.00
01-30-2008 90076 002 *****8.75

DOCUMENT # S68314

1. Entity Name
JD COMMUNIKATERS, INC.

Principal Place of Business	Mailing Address
735 ARLINGTON AVE., SUITE 112 ST. PETERSBURG FL 33701	735 ARLINGTON AVE., SUITE 112 ST. PETERSBURG FL 33701

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
735 ARLINGTON AVE. N.	735 ARLINGTON AVE. N. [redacted]
Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc. SUITE 115
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip / Country 33701 / PINELLAS	Zip / Country 33701 / PINELLAS

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	7. Name and Address of New Registered Agent
KATER, GUILFORD C 5279 ISLA KEY BLVD. S. SUITE 110 ST. PETERSBURG FL 33715	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Guilford C. Kater GUILFORD C. KATER 1-23-2008
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when adding new registered agent) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KATER, GUILFORD C 5279 ISLA KEY BLVD. S. #110 SAINT PETERSBURG FL 33715-1656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN OF THE BOARD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KATER, JOYCE A 5279 ISLA KEY BLVD. S. #110 SAINT PETERSBURG FL 33715-1656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV SWANSON, EDWIN 936 CEDAR LANE NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYRNE, KENNETH 2350 DEVIL'S BACKBONE ROAD CINCINNATI OH 45233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, BARBARA 936 CEDAR LANE NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATER, CHRISTOPHER 5636 EASTBOURNE DR SPRINGFIELD VA 22151	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joyce A. Kater Joyce A. KATER 1-23-2008 727-566-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #