

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68314

FILED
Jan 06, 2009
Secretary of State

Entity Name: JD COMMUNIKATERS, INC.

Current Principal Place of Business:

735 ARLINGTON AVE., SUITE 115
ST. PETERSBURG, FL 33701

New Principal Place of Business:

735 ARLINGTON AVE.,
SUITE 207
ST. PETERSBURG, FL 33701

Current Mailing Address:

735 ARLINGTON AVE., SUITE 115
ST. PETERSBURG, FL 33701

New Mailing Address:

735 ARLINGTON AVE.
SUITE 207
ST. PETERSBURG, FL 33701

FEI Number: 59-3077656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: KATER, GUILFORD C
Address: 5279 ISLA KEY BLVD. S. #110
City-St-Zip: SAINT PETERSBURG, FL 337151656

Title: VT () Delete
Name: KATER, JOYCE A
Address: 5279 ISLA KEY BLVD. S. #110
City-St-Zip: SAINT PETERSBURG, FL 337151656

Title: D () Delete
Name: SWANSON, EDWIN
Address: 936 CEDAR LANE
City-St-Zip: NORTHBROOK, IL 60062

Title: S () Delete
Name: BYRNE, KENNETH
Address: 2350 DEVIL'S BACKBONE ROAD
City-St-Zip: CINCINNATI, OH 45233

Title: D () Delete
Name: SWANSON, BARBARA
Address: 936 CEDAR LANE
City-St-Zip: NORTHBROOK, IL 60062

Title: P () Delete
Name: KATER, CHRISTOPHER
Address: 5636 EASTBOURNE DR
City-St-Zip: SPRINGFIELD, VA 22151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER KATER

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date