

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000503

**Entity Name:** SPIRIT SOLUTIONS, INC.

**Current Principal Place of Business:**

2423 S. ORANGE AVE  
SUITE 315  
ORLANDO, FL 32806

**Current Mailing Address:**

1748 SAVANNAH LANE  
PORT ORANGE, FL 32128 US

**FEI Number: 30-0743978**

**Certificate of Status Desired:** No

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

NIDIFFER, WILLIAM M  
1748 SAVANNAH LANE  
PORT ORANGE, FL 32128 US

*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

**Officer/Director Detail :**

Title CP  
Name NIDIFFER, WILLIAM  
Address 1748 SAVANNAH LANE  
City-State-Zip: PORT ORANGE FL 32128

Title VCVP  
Name NIDIFFER, ERIC  
Address 6863 FORKMEAD LANE  
City-State-Zip: PORT ORANGE FL 32128

Title S  
Name PUSTEVOSKY, MONICA  
Address 4244 SAXON DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title T  
Name GRUBB, EARNEST  
Address 205 FAIR ACRES DRIVE  
City-State-Zip: BRISTOL TN 37620

*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: WILLIAM M. NIDIFFER**

**PRESIDENT**

**01/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date