


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000088862**  
1. Entity Name  
**HUSSMANN GUNTHER, CORP.**



Principal Place of Business      Mailing Address  
**1395 E OAKLAND PARK BLVD**      **1395 E OAKLAND PARK BLVD**  
**OAKLAND PARK, FL 33334**      **OAKLAND PARK, FL 33334**

**DO NOT WRITE IN THIS SPACE**



D1132005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0875211**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUNTHER, HAROLD H**  
**1395 E OAKLAND PARK BLVD**  
**OAKLAND PARK, FL 33334**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUSSMAN, HAROLD
STREET ADDRESS	1395 E OAKLAND PARK BLVD
CITY - ST - ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/21/05-60042-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Harold Hussman      **HAROLD HUSSMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **PRESIDENT**      **3/18/05 (954) 565-5907**  
Date      Day/Time Phone #