

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 320685**

1. Entity Name  
**GUNTHER MOTOR COMPANY OF PLANTATION, INC.**



Principal Place of Business  
**1660 SOUTH STATE RD 7  
 FT LAUDERDALE, FL 33317-6408**

Mailing Address  
**1660 SOUTH STATE RD 7  
 FT LAUDERDALE, FL 33317-6408**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1170702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HERMAN, PETER G ESQ.  
 TRIPP SCOTT, P.A.  
 110 SE 6TH STREET, 15TH FLOOR  
 FORT LAUDERDALE, FL 33301**

**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 file # applicable.*

*(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 NAME STREET ADDRESS CITY-ST-ZIP	S GUNTHER, JOSEPH F. III 6 WINONA LANE SEA RANCH LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNTHER, JOSEPH F. JR 6 SENECA RD SEA RANCH LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOFF, RICHARD 13840 CHATHAM PLACE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUNTHER, JOHN C. 26 WINNEBAGO ROAD SEA RANCH LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/07/05-80043-024 150.00

**DO NOT WRITE  
 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 of 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*

**1-4-05**  
 Date

**954-797-1660**  
 Daytime Phone #