

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 015 ***150.00

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**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1170702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S /VP
NAME	GUNTHER, JOSEPH F. III
STREET ADDRESS	6 WINNONA LANE 47 Cayuga Road
CITY - ST - ZIP	SEA RANCH LAKES, FL
TITLE	PD
NAME	GUNTHER, JOSEPH F. JR
STREET ADDRESS	6 SENECA RD
CITY - ST - ZIP	SEA RANCH LAKES, FL
TITLE	VP
NAME	STOFF, RICHARD
STREET ADDRESS	13840 CHATHAM PLACE
CITY - ST - ZIP	DAVIE, FL
TITLE	T
NAME	GUNTHER, JOHN C.
STREET ADDRESS	26 WINNEBAGO ROAD
CITY - ST - ZIP	SEA RANCH LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2-14-07 954-453-6319