## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 320685**

f. Entity Name

GUNTHER MOTOR COMPANY OF PLANTATION, INC.



FILED Feb 07, 2008 08:00 A Secretary of State

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



DO NOT WRITE IN THIS SPACE

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number A

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      | required when reinstating)                           | DATE |                                |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00   |  | Election Campaign Financ<br>Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees | U00000819160<br>02/15/08-80071-025 150.00 |  |
| 10.   | OFFICERS AND DIRECTORS   |  |      |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SVP<br>GUNTHER, JOSEPH F. III<br>47 CAYUGA ROAD<br>SEA RANCH LAKES, FL |  |      |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>GUNTHER, JOSEPH F. JR<br>6 SENECA RD<br>SEA RANCH LAKES, FL      |  |      |                                |   |  |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP   | T<br>GUNTHER, JOHN C.<br>26 WINNEBAGO ROAD<br>SEA RANCH LAKES, FL      |  |      | DO NOT WRITE                   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ١  | ï  |      | IN THIS SPACE                  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |      |                                |   |  |

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 trusted 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

2-1-08

954-797-1660