FILED
Apr 27, 2005 8:00 am
Secretary of State
03-28-2005 90048 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H21389

1. Entity Name
GUNN SALES, INC.

Principal Place of Business
2126 MARTIN RD.
DOVER, FL 33527

Mailing Address
PO BOX 1385
VALRICO, FL 33595

66013491

03172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2447887
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABLISH, HOMER G JR
4855 27TH ST. WEST
BRADENTON, FL 34207

7. Name and Address of New Registered Agent
Name: CABLISH & GENTILE, CPA'S, LLC
Street Address (P.O. Box Number is Not Acceptable): 4855 27TH STREET WEST
City: BRADENTON FL Zip Code: 34207

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: Cablish & Gentile, CPA's, LLC 4/22/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, CHRISTOPHER E. 2310 S. VALRICO ROAD VALRICO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, CHRISTOPHER E. 2126 MARTIN ROAD DOVER, FL 33527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUNN, KATHERINE M. 2310 S. VALRICO ROAD VALRICO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUNN, KATHERINE M. 2126 MARTIN ROAD DOVER, FL 33527	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Katherine M. Gunn Secretary 3/24/05 (813) 654-5607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Katherine M. Gunn, Secretary