

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H21389**  
 1. Entity Name  
**GUNN SALES, INC.**



Principal Place of Business      Mailing Address  
**2126 MARTIN RD.**      **PO BOX 1385**  
**DOVER, FL 33527**      **VALRICO, FL 33595**



02022006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Certificate of Status Desired        \$6.75 Additional Fee Required

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

**CABLISH, HOMER G JR**  
**4855 27TH ST. WEST**  
**BRADENTON, FL 34207**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GUNN, CHRISTOPHER E.
STREET ADDRESS	2126 MARTIN RD
CITY - ST - ZIP	DOVER, FL 33527
TITLE	SD
NAME	GUNN, KATHERINE M.
STREET ADDRESS	2126 MARTIN RD
CITY - ST - ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000486952  
 04/13/06-80058-009 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine M. Gunn, Sec.      3-27-06      (813) 684-8429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Katherine M. Gunn*