


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 022 ***158.75

DOCUMENT # H64756	
1. Entity Name GUNTER PRINTING, INC.	

Principal Place of Business 378 NORTH HIGHWAY 17-92 LONGWOOD FL 32750	Mailing Address 378 NORTH HIGHWAY 17-92 LONGWOOD FL 32750
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2. Principal Place of Business 503 E. S.R. 434	3. Mailing Address 503 E. S.R. 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32750	Zip 32750
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2581418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEL, LEE W 378 N. HWY 17-92 LONGWOOD FL 32750	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEL, LEE W 378 N. HWY 17-92 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 503 E SR 434 LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMRICK, JOSEPH L 378 N. HWY. 17-92 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 503 E SR 434 LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMRICK, GOLDIE N 378 N. HWY. 17-92 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 503 E SR 434 LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMRICK, JOSEPH L 378 N HWY 1792 LONGWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 503 E SR 434 LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lee W Reel* **LEE W REEL** **4/28/05** **407-834-7790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #