

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90192 024 \*\*\*150.00

<b>DOCUMENT # H64756</b>			
1. Entity Name <b>GUNTER PRINTING, INC.</b>			
Principal Place of Business <b>503 E. S.R. 434 LONGWOOD FL 32750</b>		Mailing Address <b>503 E. S.R. 434 LONGWOOD FL 32750</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>REEL, LEE W 503 E. S.R. 434 LONGWOOD FL 32750</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEL, LEE W	NAME	
STREET ADDRESS	503 E. SR 434	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, JOSEPH L	NAME	BENJAMIN COLA
STREET ADDRESS	503 E. SR 434	STREET ADDRESS	503 E SR 434
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	
NAME	HAMRICK, GOLDIE N	NAME	
STREET ADDRESS	503 E. SR 434	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	HAMRICK, JOSEPH L	NAME	
STREET ADDRESS	503 E. SR 434	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.			
SIGNATURE: <u><i>Benjamin Cola</i></u> V.P.		Date: <u>5/1/8</u> Day: <u>834</u> Phone #: <u>7790</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day: Phone #	