

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90440 001 ***300.00

DOCUMENT # J47930

1. Entity Name
GUENTHER-VORRUCKEN, INC.



Principal Place of Business
4915 SOUTH TAMiami TRAIL
SARASOTA, FL 34231 US

Mailing Address
4915 SOUTH TAMiami TRAIL
SARASOTA, FL 34231 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2795224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNTER, HAROLD G
4915 SOUTH TAMiami TRAIL
SARASOTA, FL 34231

**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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME GUENTHER, ANDREW J MR
STREET ADDRESS 8834 FISHERMAN'S BAY BLVD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE CT
NAME MUNTER, HAROLD G
STREET ADDRESS 661 MOURNING DOVE DRIVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold G. Munter 4/24/07 941-925-2673