2008 FOR PROFIT CORPORATION

Jan 11, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P01000048655 01-11-2008 90029 042 ***150.00 1. Entity Name **GUNGER CONSTRUCTION INC.** Principal Place of Business Mailing Address P.O. BOX 409 8720 ALICO RD ESTERO, FL 33928 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7547 CAPTIVA Blud Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01052008 Chg-P City & State City & State 4. FEI Number Applied For 65-1117045 Not Applicable Fort Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNGER, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 74 7TH STREET BONITA SPRINGS, FL 34134 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ⊠'Change ☐ Addition TITLE ☐ Delete TITLE Junger, Jonathan NAME GUNGER, JONATHAN NAME 648 TICETH AVE A 74 7TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7/P BONITA SPRINGS, FL 34134 CITY-ST-ZIP NADLES, FI 34108 ☐ Delete TITLE ☐ Change Addition TITLE GUNGER, MATTHEW J NAME STREET ADDRESS STREET ADDRESS 7547 CAPTIVA BLVD CITY-ST-ZIP City-ST-7iP FT. MYERS, FL 33912 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GUNGER, PHOEBE C NAME NAME 7547 CAPTIVA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

Josethan NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED