


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90001 027 \*\*\*150.00

<b>DOCUMENT # P01000121209</b> 1. Entity Name <b>GUNTER FURNITURE, INC.</b>					
Principal Place of Business <b>575 S MAIN STREET LABELLE, FL 33935</b>			Mailing Address <b>575 S MAIN STREET LABELLE, FL 33935</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>94-3414871</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUNTER, LISA MARIE 575 S MAIN STREET LABELLE, FL 33935</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUNTER, LISA MARIE 575 S MAIN STREET LABELLE, FL 33935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUNTER, GREGORY W 575 S MAIN STREET LABELLE, FL 33935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <i>Lisa Marie Gunter</i> <b>Greg Gunter</b> <i>6-28-05</i> <b>863-675-2999</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

*Lisa Marie Gunter Lisa Marie Gunter 6-28-05*

ATTACHMENT  
*Higginbotham & Soud, P.A.*  
CERTIFIED PUBLIC ACCOUNTANTS  
20060921  
PO 1000121204

June 29, 2005

Department of State  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: Gunter Furniture, Inc  
Annual Report Notice

Dear Sir or Madam;

The taxpayer does not remember receiving the postcard renewal form and was unaware of his neglect to file this report until he received the second notice. Enclosed you will find his check for the original fee of \$150.00. We request that you abate any penalties associated with this oversight as it was an unintentional error and in no way an attempt to not comply with the state tax laws.

Thank you for you assistance in this matter.

Very Truly Yours,



Andrew J. Higginbotham, CPA

AJH/cap