## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000063355

**Entity Name: GUNAR CORPORATION** 

AMORIM, ANTONIO C

3719 27TH STREET SW

LEHIGH ACRES, FL 33971

Name:

Address: City-St-Zip: FILED Mar 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 15721 SONOMA DR, APT 208 4135 RESIDENCE DR FT. MYERS, FL 33908 619 FT. MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 4135 RESIDENCE DR 3719 27TH STREET SW LEHIGH ACRES, FL 33971 619 FORT MYERS, FL 33901 FEI Number: 20-0034042 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAX HOUSE CORPORATION 1261 E SAMPLE ROAD POMPANO BEACH, FL 33064 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: ( ) Delete Title: VEIGSDING, GUNAR JR. VEIGSDING, GUNAR JR. Name: Name: 3719 27TH STREET SW 4135 RESIDENCE DR #619 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: FORT MYERS, FL 33901

( ) Delete Title: Title: (X) Change ( ) Addition DA SILVA MENDES, SANIRA Name: Name: DA SILVA MENDES, SANIRA 3719 27TH STREET SW 4235 RESIDENCE DR #619 Address: Address: LEHIGH ACRES, FL 33971 FORT MYERS, FL 33901 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNAR VEIGSDING JR PD 03/07/2009