

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 046 ***150.00

DOCUMENT # P03000108740

1. Entity Name
GUNTER'S PAINTING, INC.



Principal Place of Business
**711 OLD BERKLY RD
AUBURNDALE, FL 33823**

Mailing Address
**711 OLD BERKLY RD
AUBURNDALE, FL 33823**



2. Principal Place of Business
510 W Haines Blvd-
Suite, Apt. #, etc.

3. Mailing Address
510 W Haines Blvd
Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State
Lake Alfred FL
Zip Country
33850-2604 Polk

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Lake Alfred FL
Zip Country
33850-2604 Polk

4. FEI Number
20-0289741

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUNTER, WENDELL B
711 OLD BERKLY RD
AUBURNDALE, FL 33823**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
510 W Haines Blvd
City
Lake Alfred FL Zip Code
33850

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: *Wendell B. Gunter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
GUNTER, WENDELL B
STREET ADDRESS
711 OLD BERKLY RD
CITY-ST-ZIP
AUBURNDALE, FL 33823

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P, VP ☒ Change ☒ Addition
NAME
510 W Haines Blvd
STREET ADDRESS
Lake Alfred FL 33850=2604
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Wendell B. Gunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04 *843 287-3762*