## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 10, 2008 08:00 AN **Secretary of State** DOCUMENT # P03000108740 1. Entity Name **GUNTER'S PAINTING, INC.** Principal Place of Business Mailing Address 510 W. HAINES BLVD P.O. BOX 1452 AUBURNDALE, FL 33823 LAKE ALFRED, FL 33850-2604 The property of the second of DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 02272008 No Cho-P Applied For 4. FEI Number 20-0289741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUNTER, WENDELL B 510 W HAINES BLVD LAKE ALFRED, FL 33850 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPVP TITLE GUNTER, WENDELL B NAME STREET ADDRESS 510 W HAINES BLVD LAKE ALFRED, FL 338502604 CITY-ST-ZIP TITLE U00000853343 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPAC THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: &

NAME STREET ADDRESS COTY-ST-7IP

WM B.d

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N 3/7/08

Daytime Phone #

FILED