


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90016 035 \*\*\*150.00

|  |                   |   |   |  |                                   |    |          |
|--|-------------------|---|---|--|-----------------------------------|----|----------|
| DOCUMENT # P03000149085  |                   |   |   |                         |                                   |    |          |
| 1. Entity Name<br>GUNTER CONSTRUCTION, INC.  |                   |   |   |  |                                   |    |          |
| Principal Place of Business<br>1402 NE MANLEY RD<br>ARCADIA FL 34266   |                   | Mailing Address<br>P. O. BOX 2026<br>ARCADIA FL 34265<br>US |   |  |                                   |    |          |
| 2. Principal Place of Business - No P.O. Box #   |                   | 3. Mailing Address  |   |  |                                   |    |          |
| Suite, Apt. #, etc.  |                   | Suite, Apt. #, etc.   |   |  |                                   |    |          |
| City & State   |                   | City & State  |   | 4. FEI Number 20-0497404 <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                   |    |          |
| Zip  | Country           | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                 |                                   |    |          |
| 6. Name and Address of Current Registered Agent  |                   |   | 7. Name and Address of New Registered Agent   |  |                                   |    |          |
| SICA, VINCENT A<br>10 SOUTH DESOTO AVE SUITE 101<br>ARCADIA FL 34266   |                   |   | Name  |  |                                   |    |          |
|  |                   |   | Street Address (P.O. Box Number is Not Acceptable)  |  |                                   |    |          |
|  |                   |   | City  |  |                                   | FL | 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 registering)   |                   |   |   |  |                                   |    |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |                                   |    |          |
| 10. OFFICERS AND DIRECTORS   |                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |                                   |    |          |
| TITLE  | PD                | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   | GUNTER, JACKIE J  |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   | 1402 NE MANLEY RD |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  | ARCADIA FL 34266  |   | CITY- ST- ZIP   |  |                                   |    |          |
| TITLE  | S                 | <input checked="" type="checkbox"/> Delete                  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   | WYNN, JAELA M     |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   | 1402 NE MANLEY RD |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  | ARCADIA FL 34266  |   | CITY- ST- ZIP   |  |                                   |    |          |
| TITLE  |                   | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   |                   |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   |                   |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  |                   |   | CITY- ST- ZIP   |  |                                   |    |          |
| TITLE  |                   | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   |                   |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   |                   |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  |                   |   | CITY- ST- ZIP   |  |                                   |    |          |
| TITLE  |                   | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   |                   |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   |                   |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  |                   |   | CITY- ST- ZIP   |  |                                   |    |          |
| TITLE  |                   | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME   |                   |   | NAME  |  |                                   |    |          |
| STREET ADDRESS   |                   |   | STREET ADDRESS  |  |                                   |    |          |
| CITY- ST- ZIP  |                   |   | CITY- ST- ZIP   |  |                                   |    |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Jackie Gunter</i>  |                   |   | 3-15-07   |  |                                   |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                   |   | Date Daytime Phone #  |  |                                   |    |          |