## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 15, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P98000092834 1. Entity Name 04-15-2004 90041 042 \*\*\*150.00 GUNDER'S AUTO CENTER, INCORPORATED Principal Place of Business Mailing Address 930 GRIFFIN ROAD LAKELAND FL 33805 930 GRIFFIN ROAD 乙基ひまひまひひ LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3542593 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNDER, M. TRAVIS Street Address (P.O. Box Number is Not Acceptable) 1506 YEOMANS PATH LAKELAND FL 33809 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME GUNDER, RAYMOND E JR NAME STREET ADDRESS 1316 OLD POLK CITY RD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME GUNDER, TRAVIS NAME STREET ADDRESS 1506 YEOMANS PATH STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME GUNDER-GERALDINE --NAME. STREET ADDRESS 1316 OLD POLK CITY RD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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. changed, or on an attachment with an address, with

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

RALDINE GUNDER 3/15/04