


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000092834

1. Entity Name
GUNDER'S AUTO CENTER, INCORPORATED



FILED

04 JUL 23 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212004 Chg-P CR2E034 (10/03)

Principal Place of Business 930 GRIFFIN ROAD LAKELAND, FL 33805	Mailing Address 930 GRIFFIN ROAD LAKELAND, FL 33805
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3542593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUNDER, M. TRAVIS
1506 YEOMANS PATH
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE VP	NAME GUNDER, RAYMOND E JR <input type="checkbox"/> Delete STREET ADDRESS 1316 OLD POLK CITY RD CITY-ST-ZIP LAKELAND, FL 33809
TITLE P	NAME GUNDER, TRAVIS <input type="checkbox"/> Delete STREET ADDRESS 1506 YEOMANS PATH CITY-ST-ZIP LAKELAND, FL 33809
TITLE S	NAME GUNDER, GERALDINE <input type="checkbox"/> Delete STREET ADDRESS 1316 OLD POLK CITY RD CITY-ST-ZIP LAKELAND, FL 33809
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME T DeVasure, Jodi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5170 Misty Lake Dr CITY-ST-ZIP Mulberry, FL 33860
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> 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: Jodi S. DeVasure 7-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #