

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000092834

1. Entity Name  
 GUNDER'S AUTO CENTER, INCORPORATED



Principal Place of Business  
 930 GRIFFIN ROAD  
 LAKE LAND, FL 33805

Mailing Address  
 930 GRIFFIN ROAD  
 LAKE LAND, FL 33805



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3542593

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

GUNDER, M. TRAVIS  
 1506 YEOMANS PATH  
 LAKE LAND, FL 33809

**DO NOT WRITE 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 N/A DATE 4/21/05  
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**  
**After May 1, 2005 Fee will be \$550.00**

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  
 STREET ADDRESS: 1316 OLD POLK CITY RD  
 CITY-ST-ZIP: LAKE LAND, FL 33809

TITLE: P  
 NAME: GUNDER, TRAVIS  
 STREET ADDRESS: 1506 YEOMANS PATH  
 CITY-ST-ZIP: LAKE LAND, FL 33809

TITLE: S  
 NAME: GUNDER, GERALDINE  
 STREET ADDRESS: 1316 OLD POLK CITY RD  
 CITY-ST-ZIP: LAKE LAND, FL 33809

TITLE: T  
 NAME: DEVASURE, JODI  
 STREET ADDRESS: 5170 MISTY LAKE DR  
 CITY-ST-ZIP: MULBERRY, FL 33860

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

100011333697  
 04/27/05-80013-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Geraldine Gunder Geraldine Gunder 4/21/05 863-688-789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #