

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 035 ***150.00

DOCUMENT # P98000092834

1. Entity Name
GUNDER'S AUTO CENTER, INCORPORATED



Principal Place of Business
**930 GRIFFIN ROAD
LAKELAND, FL 33805**

Mailing Address
**930 GRIFFIN ROAD
LAKELAND, FL 33805**

40046340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3542593

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Jodi G. DeVasure**

Street Address (P.O. Box Number is Not Acceptable)

1316 Old Polk City Road

City **Lakeland**

FL

Zip Code **33809**

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

Jodi G. DeVasure

3-30-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **GUNDER, RAYMOND E JR**
STREET ADDRESS **1316 OLD POLK CITY RD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GUNDER, TRAVIS**
STREET ADDRESS **8210 SPRUCE RD W**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **GUNDER, GERALDINE**
STREET ADDRESS **1316 OLD POLK CITY RD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1316 Old Polk City Road**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Jodi G. DeVasure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

863-688-7897

Daytime Phone #