2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P99000087554 1. Entity Name GUNTER CONSTRUCTION SERVICE, INC.							04-17-2006 90359 047 ***150.00				
Principal Plac 7465 N. OLD PENSACOLA,	PALAFOX S		Mailing Address PO BOX 10038 PENSACOLA, FL 32524			> =					
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042006	Chg-P	CR2E034 (11/	05)		
City & State			City & State			4. FEI Numb			Applied Not App		
Zip	Country		Zip Coun		try	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						
FLEMING, EDWARD P 4300 BAYOU BLVD, STE 13 PENSACOLA, FL 32503					Name STEPHEN R. MOORHEAD Street Address (P.O. Box Number is Not Acceptable) 25 WEST GOVERNMENT STREET						
The above named entity submits this systement for the purpose of changing its re					PENSACOLA FL 32502						
the obligat	tions of regist		The purpose of changing is	s register	en muce or register	red agent, or bo	oin, in the State of Fio		Mith, and a	іссері	
SIGNATURE_	Signature, typed	or inted name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)		DATE	<u> </u>	- 1	
		FEE IS \$150.00 8 Fee will be \$550.(9. Election Campa Trust Fund Con			.00 May Be ded to Fees					
10.		OFFICERS AND	DIRECTORS		ADDITIONS	/CHANGES TO OFFI	CERS AND DIREC	TORS IN 1	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete GUNTER, DONALD L 901 BRANDERMILL DRIVE CANTONMENT, FL 32533				E E ET ADDRESS -SI-ZIP		***************************************	☐ Cha	nge 🔲	Addition	
TITLE NAME STREET ADDRESS CITY-S7-ZIP			☐ Delete	TITLI NAM STRE	:			☐ Cha	nge 🗀	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		All and the second	☐ Delete		4			☐ Cha	nge 🗀	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i			☐ Cha	nge 🔲 i	Addition	
HILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· I			☐ Cha	nge 🔲	Addition	
12. I hereby of indicated of the cor	certify that the on this repor poration or the	e information supplied with rt or supplemental report is ne receiver or trustee empo	this filing does not qualify f true and accurate and that wered to execute his repor-	or the exe my signa t as requi	emptions contained ture shall have the red by Chapter 607	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. I ct as if made under d es; and that my name	further certify that the sath; that I am an of appears in Block	he informa ficer or dir 10 or Block	ation ector k 11 if	

04/14/2006 850/478-6150

Daytime Phone #