2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

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DOCUMENT # P03000023007

1. Entity Name
BUHOLTZ PROFESSIONAL ENGINEERING, INC.

Principal Place of Business	Mailing Address
106 TRACE POINT PLACE WINTER SPRINGS, FL 32708 US	106 TRACE POINT PLACE WINTER SPRINGS, FL 32708 US

2. Principal Place of Business	3. Mailing Address
110 S. Magnolia Ave Suite, Apt. #, etc.	110 S. Magnolia Ave. Suite, Apt. #, etc.
City & State: Sanford, FL	City & State: Sanford, FL
Zip: 32771 Country:	Zip: 32771 Country:

4. FEI Number: 56-2318466 — Applied For / Not Applicable

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
BUHOLTZ, BRIAN T PE 106 TRACE POINT PLACE WINTER SPRINGS, FL 32708	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 _____
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P BUHOLTZ, BRIAN T PE 106 TRACE POINT PLACE WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ 4/24/05 4073204848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #