

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P03000023007	
1. Entity Name BUHOLTZ PROFESSIONAL ENGINEERING, INC.	

Principal Place of Business 110 S MAGNOLIA AVE SANFORD, FL 32771 US	Mailing Address 110 S MAGNOLIA AVE SANFORD, FL 32771 US
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 BUHOLTZ, BRIAN T PE 106 TRACE POINT PLACE WINTER SPRINGS, FL 32708	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUHOLTZ, BRIAN T PE 106 TRACE POINT PLACE WINTER SPRINGS, FL 32708
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05/15/07-80038-021 150.00**DO NOT WRITE
IN THIS SPACE**

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: **BRIAN T. BUHOLTZ****4/22/07****407 330 4848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #