2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S92087

1. Entity Name
BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS

Principal Place of Business	Mailing Address
427 CENTER POINTE CIRCLE SUITE 1811 ALTAMONTE SPRINGS, FL 32701 US	427 CENTER POINTE CIRCLE SUITE 1811 ALTAMONTE SPRINGS, FL 32701 US

02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3092437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHHEIT, KIMBERLY A.
291 HUMMINGBIRD LANE
LONGWOOD, FL 32779

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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 _____ DATE
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

U00000314855
04/19/05-80012-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	BUCHHEIT, KIMBERLY A.
STREET ADDRESS	291 HUMMINGBIRD LANE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	ROBINSON, MICHAEL S
STREET ADDRESS	291 HUMMINGBIRD LANE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 4/12/2005 407-331-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #