


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # S92087
 1. Entity Name
BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS



Principal Place of Business 427 CENTER POINTE CIRCLE SUITE 1811 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 427 CENTER POINTE CIRCLE SUITE 1811 ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3092437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 filer if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PTS BUCHHEIT, KIMBERLY A. 291 HUMMINGBIRD LANE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, MICHAEL S 291 HUMMINGBIRD LANE LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/03/06-80046-024 150.00

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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: *[Signature]* 4/18/2006 407-331-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #