


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S92087</b> 1. Entity Name BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS	
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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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04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3092437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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	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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04/24/07-80094-014 150.00

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: *Kimberly A. Buchheit* **KIMBERLY A. BUCHHEIT** 4/10/07 407-331-0505  
SIGNATURE ONLY (FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **PRESIDENT** Date Daytime Phone #