


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 11, 2008 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**      **427 CENTER POINTE CIRCLE**  
**SUITE 1811**      **SUITE 1811**  
**ALTAMONTE SPRINGS, FL 32701 US**      **ALTAMONTE SPRINGS, FL 32701 US**

**DO NOT WRITE IN THIS SPACE**



01312008      No Chg-P      CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3092437</b>                        | Applied For<br>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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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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:**       **2/5/08 407-331-0505**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #