

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062722

Entity Name: BUCHHOLZ CONSULTING, INC.

FILED  
Feb 21, 2005  
Secretary of State

## Current Principal Place of Business:

2150 ARIELLE DR.,#501  
NAPLES, FL 34109

## New Principal Place of Business:

9834 SUSSEX ST.  
NAPLES, FL 34109

## Current Mailing Address:

2150 ARIELLE DR.,#501  
NAPLES, FL 34109

## New Mailing Address:

9834 SUSSEX ST.  
NAPLES, FL 34109

FEI Number: 03-0456995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCHHOLZ, JEFFREY  
2150 ARIELLE DR.,#501  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

BUCHHOLZ, JEFFREY  
9834 SUSSEX ST.  
NAPLES, FL 34109 US

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.

SIGNATURE:

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVP ( ) Delete  
Name: BUCHHOLZ, JEFFREY  
Address: 2150 ARIELLE DR.,#501  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition  
Name: BUCHHOLZ, JEFFREY  
Address: 9834 SUSSEX ST.  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY BUCHHOLZ

PVP

02/21/2005

Electronic Signature of Signing Officer or Director

Date