2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017934

BUCHNER, JOANN

EUSTIS, FL 32736

38615 COUNTY ROAD 44A

Name: Address:

City-St-Zip:

Entity Name: PHIL BUCHNER, INC.

FILED Mar 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 36130 E. ELDORADO LK. DR. EUSTIS, FL 32736 **Current Mailing Address: New Mailing Address:** 36130 E. ELDORADO LK. DR. EUSTIS, FL 32736 FEI Number: 59-3541418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCHNER, PHIL PRES. BUCHNER, PHIL PRES. 25128 MAGNOLIA AVE 36130 E. ELDORADO LK. DR. EUSTIS, FL 32736 EUSTIS, FL 32736 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: 03/20/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BUCHNER, PHIL JR Name: Name: 36130 E. ELDORADO LK. DR. Address: Address: City-St-Zip: EUSTIS, FL 32736 City-St-Zip: Title: Title: () Change () Addition () Delete BUCHNER, PHIL SR Name: Name: 38615 COUNTY ROAD 44A Address: Address: EUSTIS, FL 32736 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BUCHNER, BRIGITTE Name: Name: 36130 E. ELDORADO LK. DR. Address: Address: City-St-Zip: EUSTIS, FL 32736 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PHIL BUCHNER PRES 03/20/2005