# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P99000083255

1. Entity Name
BASETEC OFFICE SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2480 W. SANDLAKE RD.<br>ORLANDO, FL 32809 US | 2480 W. SANDLAKE RD.<br>ORLANDO, FL 32809 US |

**DO NOT WRITE IN THIS SPACE**

01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3601799
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINKIRCHNER, PAUL J
2480 SANDLAKE ROAD
ORLANDO, FL 32809

**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: Paul J Steinkirchner 1/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

U00000416892
02/13/06-80033-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | STEINKIRCHNER, PAUL J |
| STREET ADDRESS | 2480 W SANDLAKE ROAD |
| CITY-ST-ZIP | ORLANDO, FL 32809 |
| TITLE | |
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| 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:** Paul J Steinkirchner 1/31/06 4078579307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #