

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92087

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** BUCHHEIT ASSOCIATES, INC. SURVEYORS & MAPPERS

**Current Principal Place of Business:**

427 CENTER POINTE CIRCLE  
SUITE 1811  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

427 CENTER POINTE CIRCLE  
SUITE 1811  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3092437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD  
SUITE 100  
MAITLAND, FL 32751 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: JEFFREY M KOLTUN

03/17/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: BUCHHEIT, KIMBERLY A.  
Address: 291 HUMMINGBIRD LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Delete  
Name: ROBINSON, MICHAEL S  
Address: 291 HUMMINGBIRD LANE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIMBERLY A. BUCHHEIT

PTS

03/17/2009

Electronic Signature of Signing Officer or Director

Date