

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000021757**

1. Entity Name  
**BIG D'S CONCRETE PUMPING, INC.**



Principal Place of Business      Mailing Address

**201 SOUTH STREET  
WELAKA, FL 32193**                      **PO BOX 8  
WELAKA, FL 32193**

**DO NOT WRITE IN THIS SPACE**



05062007      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**33-1052264**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOLMER, DENNIS E  
201 SOUTH STREET  
WELAKA, FL 32193**

**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 Barbara Folmer / Barbara Folmer      5/06/07

Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature required when restoring)      DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLMER, DENNIS E 201 SOUTH STREET WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FOLMER, BARBARA A 201 SOUTH STREET WELAKA, FL 32193
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U00000763305  
05/30/07-80004-007 150.00

**DO NOT WRITE IN THIS SPACE**

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: Barbara Folmer      Barbara Folmer      5/06/07      386 4678367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #