2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P03000141610 RON PINKNEY CONCRETE PUMPING, INC. Mailing Address Principal Place of Business 37130 C.R. 439 EUSTIS FL 32736 37130 C.R. 439 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Stilte, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 55-0852112 Not Applicat Country Zip Zηρ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKNEY, RONALD 37130 C.R. 439 Street Address (P.O. Box Number is Not Acceptable) EUSTIS FL 32736 City Zip Code 5. 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 Sunature, typed or printed name of reastered agent and title if applicable (NOTE Registered Ageith signature required when revisitating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΟ MILL ☐ Detete TITLE ☐ Change Addin MAME PINKNEY, RONALD NAMI U00000508218 04/27/06-80093-019 150.00 STREET ADDRESS SIBELT ADDRESS 37130 C.R. 439 CITY-ST-ZIP EUSTIS FL 32736 CHY-SI- OP BILL Delete ☐ Change Addition MAMC BASS, BRIAN NAME 37130 C.R. 439 STREET ADDRESS STREET ADDRESS CITY ST-ZIP EUSTIS FL 32736 COTY ST-ZIP ☐ Addition ☐ Delete Change MILE wie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33717 ☐ Defete Change Change ☐ Addition BILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-787 CITY-ST-ZIP Detete ☐ Change Addition DILL TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP BLE State D ☐ Change Λάθελιαπ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW City-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attractment with an address, with all other like empowered.

FILED