2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90248 009 ***150.00 DOCUMENT # P04000122542 R.C. CONCRETE PUMPING, INC. 40044331 Principal Place of Business Mailing Address 588 S.W. LAKEHURST DRIVE 588 S.W. LAKEHURST DRIVE PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04202005 City & State City & State 4. FEI Number Applied For Not Applicable a/6 -Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REID, KURT D Street Address (P.O. Box Number is Not Acceptable) 588 S.W. LAKEHURST DRIVE PORT ST. LUCIE, FL 34983 City Zip Code FL :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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE ☐ Change ☐ Addition ☐ Delete TITLE REID, KURT D NAME NAME STREET ADDRESS 588 SW LAKEHURST DRIVE STREET ADDRESS PORT ST. LUCIE, FL 34983 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition DILE ☐ Delete TITEE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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: 🗘

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED