


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90030 007 \*\*\*150.00

**DOCUMENT # P96000015402**  
 1. Entity Name  
**FAST TRACK CONCRETE PUMPING, INC.**



Principal Place of Business      Mailing Address  
 1411 W. 13TH STREET      1411 W. 13TH STREET  
 SUITE 105B      SUITE 105B  
 RIVIERA BEACH, FL 33404      RIVIERA BEACH, FL 33404

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**18887 42nd Rd. North**      **18887 42nd Rd. North**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Loxahatchee, Florida**      **Loxahatchee, Florida**  
 Zip      Country      Zip      Country  
**33470**      **USA**      **33470**      **USA**



02072008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0638716**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

POE, MARK  
 16759 60TH LANE N.  
 LOXAHATCHEE, FL 33470

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP POE, MARK 16759 60TH LANE N LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T LITZ, TANYA 18887 42ND RD N LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tanya Litz      TANYA LITZ      2/7/08      561-863-4469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #