

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90034 025 \*\*\*150.00

**DOCUMENT # S34999**  
 1. Entity Name  
 H & L CONCRETE PUMPING SERVICE, INC.



Principal Place of Business  
 5720 FEARNLEY RD.  
 LAKE WORTH, FL 33467

Mailing Address  
 5720 FEARNLEY RD.  
 LAKE WORTH, FL 33467

44020076

**DO NOT WRITE IN THIS SPACE**



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0253291 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 METZLER, LESTER  
 5720 FEARNLEY RD.  
 LAKE WORTH, FL 33467

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZLER, LESTER 5720 FEARNLEY RD. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZLER, LINDA 5720 FEARNLEY RD. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZLER, LESTER JR 5720 FEARNLEY RD LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Linda Metzler Linda Metzler 3/16/04 561 641 4746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #