

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 029 ***150.00

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1. Entity Name
PIONEER CONCRETE PUMPING SERVICE, INC.



Principal Place of Business

**4790 WRIGHT DRIVE
SMYRNA, GA 30082**

Mailing Address

**4790 WRIGHT DRIVE
SMYRNA, GA 30082**

2. Principal Place of Business

7748 E. Adamo DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number
58-1379978

Applied For
Not Applicable

Zip
33619

Country
USA

Zip

Country

01202005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**WILLIAMS, LINDA N
216 BRYAN OAK AVE.
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **Williams, Linda N.**
Street Address (P.O. Box Number is Not Acceptable)
7748 E. Adamo Drive
City **Tampa** FL Zip Code **33619**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CPT** ☐ Delete
NAME **INGLESE, PATRICK R**
STREET ADDRESS **3961 GLENHURST DRIVE**
CITY-ST-ZIP **SMYRNA, GA 30080**

TITLE **VCDV** ☐ Delete
NAME **INGLESE, DOROTHY M**
STREET ADDRESS **3861 GLENHURST DRIVE**
CITY-ST-ZIP **SMYRNA, GA 30080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

X SIGNATURE:

DOROTHY M. INGLESE V.P.

Date

Daytime Phone #

1/20/05

770-434-0600