

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90002 021 ***150.00

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1. Entity Name

C. P. C. CONCRETE PUMPING COMPANY, INC.



Principal Place of Business

1702 SW 10 PLACE
CAPE CORAL FL 33991
12801 Eagle Rd.
CC, FL 33909

Mailing Address

1702 SW 10 PLACE
CAPE CORAL FL 33991
12801 Eagle Rd.
CC, FL 33909

2. Principal Place of Business

Cape Coral
Suite, Apt. #, etc.
12801 Eagle Rd.

3. Mailing Address

12801 Eagle Rd.
Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

Cape Coral FL.

Zip

33901

Country

Lee

Zip

33909

Country

Lee

4. FEI Number

65-1032675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYTAC, KAMIL
1702 SW 10 PLACE
CAPE CORAL FL 33991
12801 Eagle Rd.
CAPE CORAL, FL
33909

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAYTAC, KAMIL
STREET ADDRESS 12801 Eagle Rd.
CITY-ST-ZIP CAPE CORAL, FL 33909
CAPE CORAL FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-04-239-633-2101