2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/5/2004-90192-050-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 1:54

DOCUMENT # P01000006913

1. Entity Name
ESI CONCRETE PUMPING, INC.

Principal Place of Business	Mailing Address
2230 DESTINY WAY ODESSA, FL 33556	2230 DESTINY WAY ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3760714

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWAUGER, ERIC B
2230 DESTINY WAY
ODESSA, FL 33558

Corey D. Linich, P.A.
ATTN: Corey Linich, Esq.
5920 Main St.
New Port Richey, FL 34652

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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 _____ 6.04.04
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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWAUGER, ERIC B
STREET ADDRESS	2230 DESTINY WAY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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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: _____ 4-26-04 727 375 0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/11 ar