



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000040668 1. Entity Name EZ CONCRETE PUMPING, INC.					
Principal Place of Business 4745 NW 95TH DRIVE CORAL SPRINGS FL 33076				Mailing Address 4745 NW 95TH DRIVE CORAL SPRINGS FL 33076	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1119931	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZENCHAK, CYNTHIA 4745 NW 95TH DRIVE CORAL SPRINGS FL 33076				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZENCHAK, ED 4745 NW 95TH DRIVE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UN00000343158 04/29/05-80084-013 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZENCHAK, CYNTHIA 4745 NW 95TH DRIVE CORAL SPRINGS FL 33076	<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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-11-05 Daytime Phone # 954-520-2741	