

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90383 023 ***150.00

DOCUMENT # P01000108569					
1. Entity Name A.D.J. CONCRETE PUMPING, INC.					
Principal Place of Business 2043 TRADE CENTER WAY NAPLES, FL 34109			Mailing Address 2043 TRADE CENTER WAY NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3755746	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCIUS, SCOTT 6320 HUNTERS RD NAPLES, FL 34116				7. Name and Address of New Registered Agent Name: <u>McGowan, Lucarelli & Quinn P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>307 Airport Pulling Rd</u> City: <u>Naples</u> FL Zip Code: <u>34104</u>	
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: <u>Jeffrey C. Quinn</u> DATE: <u>3/7/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD BROCIUS, SCOTT W 6320 HUNTERS ROAD NAPLES, FL 34109	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTUCCI, ALFRED III 4571 25TH CT SW NAPLES, FL 34116	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Scott W Brocius</u> DATE: <u>3/7/07</u> DAYTIME PHONE #: <u>239-597-3076</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40087223



03052007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name: McGowan, Lucarelli & Quinn P.A.
 Street Address (P.O. Box Number is Not Acceptable):
307 Airport Pulling Rd
 City: Naples FL Zip Code: 34104

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: Jeffrey C. Quinn DATE: 3/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE: Scott W Brocius DATE: 3/7/07 DAYTIME PHONE #: 239-597-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR