

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000111741
 1. Entity Name
 EXCEL CONCRETE PUMPING, INC.



Principal Place of Business Mailing Address
 3225 OAK ARBOR COURT 3225 OAK ARBOR COURT
 DELAND, FL 32720 DELAND, FL 32720

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3760052 Not Applicable

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

6. Name and Address of Current Registered Agent
 WAGNER, TAMMY
 3225 OAK ARBOR CT,
 DELAND, FL 32720

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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 _____ DATE _____
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, 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	P
NAME	WAGNER, JOSEPH L
STREET ADDRESS	3225 OAK ARBOR COURT
CITY - ST - ZIP	DELAND, FL 32720
TITLE	ST
NAME	WAGNER, TAMMY B
STREET ADDRESS	3225 OAK ARBOR COURT
CITY - ST - ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 02/12/05-80057-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph L Wagner 2-9-05 386-785-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #