

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000111741

1. Entity Name
EXCEL CONCRETE PUMPING, INC.



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

Mailing Address
**3225 OAK ARBOR COURT
 DELAND, FL 32720**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3760052 Applied For
 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**

**DO NOT WRITE
 IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

000000523726
 05/03/06-80085-003 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: Joseph L. Wagner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 386-785-0871
 Date Office Phone #