2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P02000021178 04-19-2004 90719 008 ***150 00 THE CONCRETE PUMPER, INC. Principal Place of Business Mailing Address 6802 WILSHIRE CT. 6802 WILSHIRE CT. TAMPA FL 33615-3320 TAMPA FL 33615-3320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 75-3000433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINSLER, WENDY S Street Address (P.O. Box Number is Not Acceptable) 6802 WILSHIRE CT. TAMPA FL 33615-3320 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE ☐ Change ☐ Addition KINSLER, RICK E NAME STREET ADDRESS 6802 WILSHIRE CT STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33615** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition KINSLER, WENDY S NAME NAME STREET ADDRESS 6802 WILSHIRE CT STREET ADDRESS CITY-ST-ZIP TAMPA FL 33615 CITY-ST-78P Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

WENDY S. KINSLER

FILED