

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90118 018 ***150.00

DOCUMENT # P02000041658

1. Entity Name

MARIANI CONCRETE PUMPING, INC.



Principal Place of Business

7120 OVERLAND RD
ORLANDO FL 32810

Mailing Address

P.O. BOX 608468
ORLANDO FL 32860

2. Principal Place of Business

1470 Lk. Pleasant Rd

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

74-3039333

Applied For

Not Applicable

Zip

32703

Country

Orange

Zip

Orange

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIANI, ALBERTO
1012 BEARDED OAKS TERRACE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Mario Mariani, JR

Street Address (P.O. Box Number is Not Acceptable)

1644 Wekiva Crossing Blvd.

City

Apopka

FL

Zip Code

32703

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

Mario Mariani, JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/14

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARIANI, ALBERT	
STREET ADDRESS	1012 BEARDED OAKS TR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARIANI, MARIO JR	
STREET ADDRESS	1644 WEKIVA CROSSING BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MEZRA, LAWRENCE	
STREET ADDRESS	860 GRANT HOZHEY CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP / VP P/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mario Mariani, JR	
STREET ADDRESS	1644 Wekiva Crossing Blvd	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mario Mariani, JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/14

Date

Daytime Phone #

321-231-2700