2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

03-19-2004 90061 042 ***150.00

CR2E034 (10/03)

Daytime Phone #

<u></u>	ANNUAL REPORT
חסכו	IMENIT # P02000044311

MARSHALL CONCRETE PUMPING SERVICES, INC.

Principal Place of Business

5055 OCEAN BCH BLVD

COCOA BCH, FL 32931

1. Entity Name

Mailing Address

5055 OCEAN BCH BLVD COCOA BCH, FL 32931 New



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

5. Certificate of Status Desired		\$8.75 Additional
01-0664575		Not Applicable
4. FEI Number		Applied For

6-Name and Address of Current Registered Agent -

MARSHALL, MITCHELL L 5055 OCEAN BCH BLVD COCOA BCH, FL 32931

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

02092004

SIGNATURE Signature, typed or printed name of registered agent and bite ill applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaig Trust Fund Contri			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, MITCHELL L PO BOX 1729 CAPE CANAVERAL, FL 329201729		į				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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, withfull other like empowered.							

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