


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 16, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P02000044311 1. Entity Name MARSHALL CONCRETE PUMPING SERVICES, INC.	
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Principal Place of Business 5055 OCEAN BCH BLVD COCOA BCH, FL 32931	Mailing Address 6510 DALLAS AVE. COCOA, FL 32927
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**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0664575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, MITCHELL L PO BOX 1729 CAPE CANAVERAL, FL 329201729
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100000265234  
03/16/05-80048-005 150.00

**DO NOT WRITE  
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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 affidavit, with all other like empowered.

SIGNATURE: *[Signature]* Date: 3/14/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR