


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

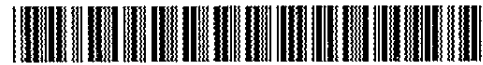
**DOCUMENT # P02000078522**

1. Entity Name  
 ALL STAR CONCRETE PUMPING, INC.



Principal Place of Business  
 1726 W BROADWAY ST  
 OVIEDO, FL 32765

Mailing Address  
 1726 W BROADWAY ST  
 OVIEDO, FL 32765



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 45-0482346

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HODGES, MAGIE  
 1726 W BROADWAY ST  
 OVIEDO, FL 32765

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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 Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HODGES, MAGIE 1726 W BROADWAY ST OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HODGES, JAMIE 1726 W BROADWAY ST OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/15/04-80066-001 150.00

**DO NOT WRITE IN THIS SPACE**

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: Magie Hodges Magie Hodges 3/12/04 407 977 2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #