2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P02000081595 04-30-2007 90854 005 ***150 00 CONCRETE PUMPING BY J & J. INC. Principal Place of Business Mailing Address 5208 6TH ST, W 5208 6TH ST, W LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-3074231 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSTA, JOHN dress (P.O. Box Number is Not Acceptable) 5208 6TH ST W LEHIGH ACRES, FL FL Acces 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. with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if a \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete TITLE ☐ Change Addition TITLE NAME COSTA, JOHN NAME STREET ADDRESS STREET ADDRESS 5208 6TH ST, W LEHIGH ACRES, FL 33971 CITY-ST-ZIP CITY-ST-7iP ID Change ☐ Delete President Addition TITLE TITLE HUMBERGER, JOHN NAME NAMÉ tehn Humberger STREET ADDRESS 5208 6TH ST. W STREET ADDRESS CITY - ST - ZIP LEHIGH ACRES, FL 33971 CITY-ST-ZIP DST Addition TITLE ☐ Delete TITLE ☐ Change COSTA, CHARLENE NAME STREET ADDRESS 5208 6TH ST W STREET ADDRESS LEHIGH ACRES, FL 33971 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition DILE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorate 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 of 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

ier like empowered

AND TYPED OR PRINTED NAME OF SIGNING OF WER OR DIRECTOR

changed, or on an attachro

SIGNATURE:

FILED