2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Mar 30, 2007 08:00 AM **DOCUMENT # P02000112783 Secretary of State** JOHN HILL CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 2926 WILSON DRIVE 2926 WILSON DRIVE LAND O LAKES, FL 34638 LAND O LAKES, FL 34638 03242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-1285505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, JOHN S DO NOT WRITE 2926 WILSON DRIVE LAND O LAKES, FL 34638 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE HILL JOHN S NAME STREET ADDRESS 2926 WILSON DRIVE CITY-ST-ZIP LAND O LAKES, FL 34638 TITLE NAME U00000683703 STREET ADDRESS 04/06/07-20003-003:150:00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF BIGING OFFICER OR DIRECTOR

3/27/07

813-456-3611

Devime Phone