


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000021757	
1. Entity Name BIG D'S CONCRETE PUMPING, INC.	

Principal Place of Business 201 SOUTH STREET WELAKA, FL 32193	Mailing Address PO BOX 8 WELAKA, FL 32193
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05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1052264	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOLMER, DENNIS E 201 SOUTH STREET WELAKA, FL 32193
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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 <i>Barbara Folmer / Barbara Folmer</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when restoring.)</small>	DATE <i>5/06/07</i>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLMER, DENNIS E 201 SOUTH STREET WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FOLMER, BARBARA A 201 SOUTH STREET WELAKA, FL 32193
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000763305 05/30/07-80004-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <i>Barbara Folmer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>5/06/07</i> 386 4678367