## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 14, 2007 8:00 am Secretary of State DOCUMENT # P03000049570 05-14-2007 90075 027 \*\*\*150.00 W.G. CONCRETE PUMPING INC. Principal Place of Business Mailing Address 40111014 4808 KATHY JO TERRACF. 4808 KATHY JO TERRACE ORLANDO, FL 32808 ORLANDO, FL 32808 Mailing Ademess 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) City & State 4. FEI Number Applied For 81-0609858 Not Applicable Zip Country ountry \$8.75 Additional 5. Certificate of Status Desired RANGA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, WILLIAM JR Street Address (P.O. Box Number is Not Acceptable) 4808 KATHY JO TERRACE ORLANDO, FL 32808 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. SIGNATURÉ L Signature, typed or printed name of registered agent and title if appli (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P TITLE Delete TITLE ☐ Change ■ Addition GREEN, WILLIAM JR NAME NAME 4808 KATHY JO TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED