

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000118961

1. Entity Name
JERRY DUNN'S CONCRETE PUMPING INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90350 001 ***150.00

40010000



04252006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
2211 LAKEVIEW BLVD. PORT CHARLOTTE, FL 33948		2211 LAKEVIEW BLVD. PORT CHARLOTTE, FL 33948	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0339519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNN, JERRY L 2211 LAKEVIEW BLVD. PORT CHARLOTTE, FL 33948		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>P DUNN, JERRY L 2211 LAKEVIEW BLVD PORT CHARLOTTE, FL 33948</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>T DUNN, PATRICIA 2211 LAKEVIEW BLVD PORT CHARLOTTE, FL 33948</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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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: *Jerry L Dunn* *4-26-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #