


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90002 013 ***150.00

DOCUMENT # P03000119995	
1. Entity Name DJ&R CONCRETE PUMPING, INC.	

Principal Place of Business 9352 AMAZON DR. NEW PORT RICHEY, FL 34655	Mailing Address 9352 AMAZON DR. NEW PORT RICHEY, FL 34655
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2. Principal Place of Business 9352 Amazon Dr. Suite, Apt. #, etc.	3. Mailing Address 9352 Amazon Dr. Suite, Apt. #, etc.
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City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34655	Zip 34655
Country Pasco	Country Pasco

6. Name and Address of Current Registered Agent POTRAFKA, ROSS M 9352 AMAZON DR. NEW PORT RICHEY, FL 34655	
7. Name and Address of New Registered Agent Name: Janet B. Potrafka Street Address (P.O. Box Number is Not Acceptable): 9352 Amazon Dr City: New Port Richey, FL Zip Code: 34655	

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: Janet B. Potrafka <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 7-7-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POTRAFKA, JANET B 9352 AMAZON DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JEDYNAK, MATTHEW 12638 SKIPPER LANE HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet B. Potrafka - Janet B. Potrafka <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 7-7-06 <small>Date</small>
	DAYTIME PHONE: 372-9617 <small>Daytime Phone #</small>