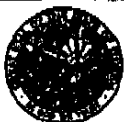
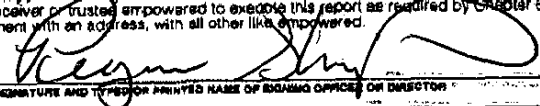


FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90032 042 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000126485			
1. Entity Name SHIMP CONCRETE PUMPING, INC			
Principal Place of Business 3501-B N PONCE DE LEON BLVD PMB 221 ST AUGUSTINE, FL 32084		Mailing Address 3501-B N PONCE DE LEON BLVD PMB 221 ST AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SHIMP, REGAN SR 3501-B N PONCE DE LEON BLVD PMB 221 ST AUGUSTINE, FL 32084		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City & State		City & State	
Zip Code		Zip Code	
6. 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 resigning.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	SHIMP, REGAN SR	NAME	
STREET ADDRESS	3501-B N PONCE DE LEON BLVD PMB 221	STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE, FL 32084	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	SHIMP, REGAN JR	NAME	
STREET ADDRESS	8140 COLEE COVE RD	STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE, FL 32092	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE: 2/15/04 (904) 886875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

24012955



01102004 Chg-P CR2E034 (10/03)

4. FEI Number **73-1686205** Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City & State

Zip Code

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 resigning.)

DATE

FILE NOW!!! FEE IS \$150.00

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9. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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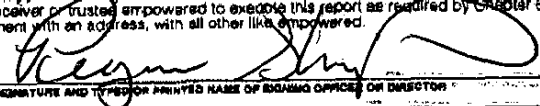
TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE: DATE: **2/15/04** (904) 886875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE