

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**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**



04212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-1686205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIMP, REGAN SR  
3501-B N PONCE DE LEON BLVD  
PMB 221  
ST AUGUSTINE, FL 32084**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000741095  
05/15/07-80015-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIMP, REGAN SR
STREET ADDRESS	3501-B N PONCE DE LEON BLVD PMB 221
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	D
NAME	SHIMP, REGAN JR
STREET ADDRESS	5380 B PORTER ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320956253
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Regan Shimp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-07**

Date

Daytime Phone