

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90023 037 \*\*\*150.00

DOCUMENT # P03000128018

1. Entity Name

LUIS GARCIA INT'L CONCRETE PUMPING CO.



Principal Place of Business

16432 COASTAL PLAIN DRIVE  
SPRING HILL FL 34610-7769

Mailing Address

16432 COASTAL PLAIN DRIVE  
SPRING HILL FL 34610-7769

2. Principal Place of Business

16432 Coastal Plain Dr.

Suite, Apt. #, etc.

Spring Hill, FL

City & State

34610 Pasco

Zip

Country

3. Mailing Address

16432 Coastal Plain Dr.

Suite, Apt. #, etc.

Spring Hill, FL

City & State

34610 Pasco

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

300147699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LUIS F  
16432 COASTAL PLAIN DRIVE  
SPRING HILL FL 34610-7769

7. Name and Address of New Registered Agent

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 Luis F. Garcia - Luis Garcia

1-22-04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GARCIA, LUIS F 16432 COASTAL PLAIN DRIVE SPRING HILL FL 34610-7769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LUIS F 16432 COASTAL PLAIN DRIVE SPRING HILL FL 34610-7769	<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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: Luis F. Garcia - Luis Garcia 1-22-04 (727)-856-0943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #