## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000134882**

1. Entity Name

ACTION CONCRETE PUMPING AND COMPANY, INC.



FILED Jul 13, 2006 08:00 AN Secretary of State

Principal Place of Business

1336 BLUEFIELD ROAD ODESSA, FL 33556 Mailing Address

1336 BLUEFIELD ROAD ODESSA, FL 33556



## DO NOT WRITE IN THIS SPACE

07072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0404618 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSCINSKI, MICHAEL E 1336 BLUEFIELD ROAD ODESSA, FL 33556

## DO NOT WRITE IN THIS SPACE

					••
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	<u> </u>				07/13/06-30003-001 150.00
	Signature, typed or printed name of registered agent and the	le il applicable. (NOTE: Registered	Agent signature	required when rainstating)	DATE
FILE NOWI!! FEE IS \$150.00 Due by September 6, 2006		Election Campaign Finan     Trust Fund Contribution.	icing	\$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.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT KOSCINSKI, MICHAEL E 1336 BLUEFIELD ROAD ODESSA, FL 33556				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06

813-245-1764

Daysime Phone #