## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

Pincipal Piece of Blumas 1021 SAND LANE WINTER HAVEN, FL 33890  DO NOT WRITE IN THIS SPACE  4. FE Inware 77-0618440  S. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 5. Conforms of Salua Deterral 58.75 Anatomal Fee Ingulared 58.76 Anatomal Fee Ingulared 58.7	1. Entity Nam GONZALI	EZ CONCRETE PUMP SERVICES, INC.		Secretary of State	
DO NOT WRITE IN THIS SPACE    A FEI Number   Applied For   T7-0518440	1021 SAND	LANE TO21 SAND LANE	· ~		
DO NOT WRITE IN THIS SPACE    A FEI Number   Applied For   T7-0518440					
GONZALEZ, FELIX (221 SAND LANE WINTER HAVEN, FL 33880  8. The above remed entry, submits this elaterment for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  INC.  OFFICERS AND DIRECTORS  INC.  SIGNATURE  ONITS. I.P.  INC.  ONITS. I.P.  ONITS. I.P.  INC.  SIGNATURES  ONITS. I.P.  INC.  OFFICERS AND DIRECTORS  INC.  ONITS. I.P.  INC.  MAM.  SIGNAT NORES  ONITS. I.P.  ONITS. I.P.  INC.  MAM.  SIGNAT NORES  ONITS. I.P.  INC.  MAM.  SIGNATORES  ONITS. I.P.  INC.  MAM.  SIGNAT NORES  ONITS. I.P.  INC.  INC.  MAM.  SIGNAT NORES  ONITS. I.P.  INC.  INC	DO NOT WRITE IN THIS SPACE			03092005 No Chg-P CR2E034 (10/03)  4. FEI Number	
WINTER HAVEN, FL 33880  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. (am familiar with, and accept the obligations of registered agent.)  SIGNATURE  FILE NOWILL EE IS \$150.00  After May 1, 2005 Fee will be \$550.00  PLE Election Carifolian Florancing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  INC.  MAKE  GONZALEZ, FELIX  SIRCEL ADDRESS  GIT -51-2P  WINTER HAVEN, FL 33880  IDD NOT WRITE  INC.  MAKE  SIRCEL ADDRESS  GIT -51-2P  WINTER HAVEN, FL 33880  IDD NOT WRITE  INC.  MAKE  SIRCEL ADDRESS  GIT -51-2P  ITILE  MAKE  SIRCEL ADDRESS  GIT -51-2P  THE SIR					
the collegations of registared agent.  SIGNATURE  Signature typed entire of registared agent and Bis if application.  FILE NOW(III FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  TILL POWALLEZ, FELIX SIRCIT ADDRESS 1021 SAND LANE SIRCIT ADDRESS 1022 SAND LANE SIRCIT ADDRESS 1023 SAND LANE SIRCIT ADDRESS 1024 SAND LANE SIRCIT ADDRESS 1024 SAND LANE SIRCIT ADDRESS 1025 SAND LANE SIRCIT ADDRESS	1021 SAND LANE				
Signature, types of primary larger of the protection of the proporation of					
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  ### ### ### ### ### ### ### ### ### #	SIGNATURE Signature, typed or Strinted name of registored agent and title if epolicable. (NOTE, Registored Agent signature rectined when reinstating)  DATE				
TITLE  SIRECT ADDRESS CITY-ST-ZP WINTER HAVEN, FL 33880  ITITLE VP I	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.   Added to Fees U00000337964				
GONZALEZ, FELIX SIRET ADDRESS UITLE WINTER HAVEN, FL 33880  ITILE WINTER HAVEN, FL 33880  ITILE MANE SIRET ADDRESS CITY-ST-2P UITLE MANE SIRET ADDRESS CITY-ST-2P  ITILE ITILE MANE SIRET ADDRESS CITY-ST-2P  ITILE ITILE ITILE SIRET ADDRESS CITY-ST-2P  ITILE ITILE SIRET ADDRESS CITY-ST-2P  ITILE OF THE SIRET ADDRESS CITY-ST-2P  ITILE SIRET ADDRESS CITY-ST-2P  ITILE OF THE SIRET ADDRESS CITY-ST-2P  ITILE SIRET ADDRESS CITY-ST-2P  I	<del></del>			- A CONTRACTOR OF TOOL OF TOOL OF	
STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880  ITHE TIFLE TIFLE MAME STREET ADDRESS CITY-ST-ZIP  ITHE NAME STREET ADDRESS CITY-ST-ZIP  ITHE NA	NAME STREET ADDRESS	GONZALEZ, FELIX 1021 SAND LANE			
DO NOT WRITE  IN THIS SPACE  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  IITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath, 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.	NAME STREET ADDRESS	GONZALEZ, ELSA 1021 SAND LANE			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.	NAME STREET ADDRESS			DO NOT WRITE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.	NAME STREET ADDRESS			IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 of 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.	NAME STREET ADDRESS				
1 10 Wales 121 NO	NAME STREET ADDRESS CITY-ST-ZIP		7		
( ODDINA) DOD					