


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -8 AM 11:00

| | |
|---|---|
| DOCUMENT # P03000140355 1. Entity Name JOSH HIGDON CONCRETE PUMPING, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 3255 COUNTY ROAD 208 LOC C ST. AUGUSTINE, FL 32092 | Mailing Address 3255 COUNTY ROAD 208 LOC C ST. AUGUSTINE, FL 32092 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |



02122004 Chg-P CR2E034 (10/03)

| | |
|--|---|
| 4. FEI Number 56-2418718 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

-6. Name and Address of Current Registered Agent

**CRABTREE, R.R.
8777 SAN JOSE BLVD.
BUILDING A, SUITE 200
JACKSONVILLE, FL 32217**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HIGDON, JOSHUA M |
| STREET ADDRESS | 3255 COUNTY ROAD 208 LOT C |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32092 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | VACCARO, DEANNA L |
| STREET ADDRESS | 3255 COUNTY ROAD 208 LOT C |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32092 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

808048446528
03/15/05--01066--015 **150.00

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: Deanna Vaccaro Higdon 3/1/05 (904) 732-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #