

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90083 034 ***150.00

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



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

40038541



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 740-P COUNTY RD 13A S 740-P COUNTY RD 13A S
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State City & State
 ELKTON, FL ELKTON, FL
 Zip Zip Country Country
 32033 32033

4. FEI Number Applied For
 56-2418718 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGDON, JOSHUA M 740-P COUNTY RD 13A S ELKTON, FL 32033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGDEN, DEANNA 740-P COUNTY RD 13A S ELKTON, FL 32033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGDON, DEANNA 740-P COUNTY RD 13A S ELKTON, FL 32033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date: 3/5/07 Daytime Phone #: 9048250335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #