2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P0400003703 1. Entity Name 04-23-2004 90274 049 ***150.00 AAALLIGATOR CONCRETE PUMPING INC. Principal Place of Business Mailing Address 1114 ROOSEVELT AVE. 1114 ROOSEVELT AVE. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOQRE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 68-05750 47 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILICH, KEVIN Street Address (P.O. Box Number is Not Acceptable) 1114 ROOSEVELT AVE. LEHIGH ACRES FL 33936 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Change ☐ Addition TITLE Delete TITLE DILICH, KEVIN NAME NAME STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS LEHIGH ACRES FL 33936 City-St. 7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE DILICH, RYAN NAME NAME STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete Change ■ Addition DILICH, JASON NAME STREET ADDRESS STREET ADDRESS 1114 ROOSEVELT AVE. CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition CORBETT, HEATHER NAME NAME 1114 ROOSEVELT AVE. STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Kevin Dilich