2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2006 08:00 AM DOCUMENT # P04000003703 **Secretary of State** 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. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 68-0575047 Not Applicable Country 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 (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIME ☐ Delete 7351.5 ☐ Change 🔲 Addition NAME DILICH, KEVIN NAME **U00000462335** STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS 03/21/06-80029-014 150.00 CITY-ST-70P LEHIGH ACRES FL 33936 CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 🔲 NAME DILICH, RYAN MARKE STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS CITY-ST-ZTP LEHIGH ACRES FL 33936 CITY-ST-ZIP TITLE ☐ Delete Change me 🔲 Addition NAME DILICH, JASON NAME STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P LEHIGH ACRES FL 33936 TITLE Delete TITLE ☐ Change ☐ Addition NAME CORBETT, HEATHER NAME STREET ADDRESS 1114 ROOSEVELT AVE. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CSTY - ST - ZIP TIBLE ☐ Delete Change 77 Addition MAME MANTE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete DELE Change Addition MMME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-27P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED