

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2005-90065-041-\$8.75-\$8.75

192

DOCUMENT # P04000037188 1. Entity Name TREJO'S CONCRETE PUMPING, INC.				 FILED 05 OCT 12 PM 7:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
Principal Place of Business 2040 BOMBER RD. WINTER HAVEN FL 33880				Mailing Address 2040 BOMBER RD. WINTER HAVEN FL 33880																													
2. Principal Place of Business 842 23rd St NW Suite, Apt. #, etc. WINTER HAVEN FL 33881		3. Mailing Address 842 23rd St NW Suite, Apt. #, etc. WINTER HAVEN FL 33881		2nd MOORE CR2E034 (5/05)																													
City & State FL		City & State WINTER HAVEN FL		4. FEI Number 06-1719530																													
Zip 33881		Country 33881		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent TREJO, FIDEL 2040 BOMBER RD. WINTER HAVEN FL 33880				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 <u><i>Fidel Trejo Jr</i></u> (NOTE: Registered Agent signature required when resigning) DATE <u>09-02-05</u>																																	
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>																														
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PO TREJO, FIDEL 2040 BOMBER RD. WINTER HAVEN FL 33880 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TREJO, FIDEL 2040 BOMBER RD. WINTER HAVEN FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> TREJO, FIDEL 842 23rd St NW WINTER HAVEN FL 33881 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> 300060454773 10/10/05--01065--014 **141.25 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREJO, FIDEL 842 23rd St NW WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060454773 10/10/05--01065--014 **141.25	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u><i>Fidel Trejo Jr</i></u> DATE <u>09-02-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	

ATTACHMENT

50065405-

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TREJO'S CONCRETE PUMPING, INC.
842 23rd ST NW
WINTER HAVEN, FL 33881

September 1, 2005

RE: 2005 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT #: P04000037188

To Whom It May Concern:

This letter is in regards to the one that I received (a copy is enclosed) in the past two weeks. This letter states that I owe a payment in the amount of \$550.00. I would like to inform you that I never received a prior payment that was needed in the amount of \$150.00. I greatly apologize for the miscommunication and wish to resolve this matter in a timely manner.

On the 29th of August, 2005 I spoke with a representative in your office and was informed to send you this letter that informed you of the payment/bill in the amount of \$150.00 that I never received. Would it be possible to bill me the original bill in the amount of \$150.00?

Please feel free to contact me by mail or by calling me at 863-287-4707. I thank you for your assistance in this situation.

Thank you,

Fidel Trejo Jr.

Fidel Trejo

DBA: TREJO'S CONCRETE PUMPING, INC