


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000043739

1. Entity Name
C.J.'S CONCRETE PUMPING, INC.



Principal Place of Business
**3807NE COUNTY ROAD 219A
 MELROSE, FL 32666**

Mailing Address
**3807NE COUNTY ROAD 219A
 MELROSE, FL 32666**



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1099529

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MASCIALE, CLIFFORD J
 3807NE COUNTY ROAD 219A
 MELROSE, FL 32666**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASCIALE, CLIFFORD J
STREET ADDRESS	3807 NE COUNTY ROAD 219A
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VP
NAME	MASCIALE, KELLY L
STREET ADDRESS	3807NE COUNTY ROAD 219A
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/22/06-800004-014-150.00

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *6-20-06* Daytime Phone #: *352-475-2606*