

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90153 016 \*\*\*550.00

<b>DOCUMENT # P04000068803</b>					
<b>1. Entity Name</b> WEST COAST CONCRETE PUMPING INC. OF HOMOSASSA					
<b>Principal Place of Business</b> P.O. BOX 260 HOMOSASSA, FL 34487			<b>Mailing Address</b> P.O. BOX 260 HOMOSASSA, FL 34487		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1149857	
Zip		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RICKERTSON, ROBERT T 6591 S MASON CREEK RD. HOMOSASSA, FL 34448			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RICKETSON, ROBERT T P.O. BOX 864 HOMOSASSA, FL 34487		TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ve Vice President Chad T. Ricketson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O Box 260 Homosassa, FL 34487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S = Secretary Susan D. Wilkes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O Box 260 Homosassa, FL 34487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: <b>MAY 27, 2006</b> Daytime Phone # <b>352 628-3131</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

P04000068803  
ATTACHMENT

50020935

Officers and Directors Changes

11. Title: D/P

Name: Ricketson, Robert T

Street Address: P.O Box 260

City-ST-ZIP: Homosassa, FL 34487