## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000068803

Entity Name: WEST COAST CONCRETE PUMPING INC. OF HOMOSASSA

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 260 6591 S. MASON CREEK RD HOMOSASSA, FL 34487 HOMOSASSA, FL 34448

Current Mailing Address: New Mailing Address:

P.O. BOX 260 HOMOSASSA, FL 34487

FEI Number: 20-1149857 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICKERTSON, ROBERT T
6591 S MASON CREEK RD.
HOMOSASSA, FL 34448 US
RICKETSON, ROBERT T
6591 S MASON CREEK RD.
HOMOSASSA, FL 34448 US

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.

SIGNATURE: ROBERT T. RICKETSON 04/20/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 RICKETSON, ROBERT T
 Name:
 RICKETSON, ROBERT T

 Address:
 P.O. BOX 864
 Address:
 6591 S. MASON CREEK RD

 City-St-Zip:
 HOMOSASSA, FL 34487
 City-St-Zip:
 HOMOSASSA, FL 34448

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RICKERTSON, CHAD T
 Name:
 RICKETSON, CHAD T

 Address:
 P.O. BX 260
 Address:
 6591 S. MASON CREEK RD

 City-St-Zip:
 HOMOSASSA, FL 34487
 City-St-Zip:
 HOMOSASSA, FL 34448

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WILKES, SUSAN D
 Name:
 WILKES, SUSAN D

 Address:
 P.O.BX 260
 Address:
 6591 S. MASON CREEK RD

 City-St-Zip:
 HOMOSASSA, FL 34487
 City-St-Zip:
 HOMOSASSA, FL 34448

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. RICKETSON D 04/20/2007