2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # P04000118746** 04-27-2005 90298 037 ***150.00 ASTLEY & DESPIE CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 40068364 3231 NW 40TH STREET 3231 NW 40TH STREET LAUDERDALE LAKES, FL 33309 LAUDERDALE LAKES, FL 33309 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. Chg-P 03032005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip 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 JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STSTE ROAD 7 LADERDALE LAKES, FL 33319 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME GRAHAM, ASTLEY NAME STREET ADDRESS 3231 NW 40TH STREET STREET ADDRESS LAUDERDALE LAKES, FL 33309 CITY-ST-7IP CITY-ST-ZIF ☐ Addition DVST ☐ Change TITLE Delete TITLE GRAHAM, DESIE NAME NAME 3231 NW 40TH STREET STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST-ZIP LAUDERDALE LAKES, FL 33309 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Phone #

FILED