

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90028 001 \*\*\*150.00

**DOCUMENT # P04000122542**

1. Entity Name  
R.C. CONCRETE PUMPING, INC.



Principal Place of Business  
588 S.W. LAKEHURST DRIVE  
PORT ST. LUCIE, FL 34983

Mailing Address  
588 S.W. LAKEHURST DRIVE  
PORT ST. LUCIE, FL 34983

66022011



07122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1540585

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

REID, KURT D  
588 S.W. LAKEHURST DRIVE  
PORT ST. LUCIE, FL 34983

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	REID, KURT D
STREET ADDRESS	588 SW LAKEHURST DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 to an address with all other I am empowered.

SIGNATURE: Kurt D. Reid Kurt D. Reid / PRESIDENT 8-7-06 772-301-7636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #