


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90016 026 \*\*\*150.00

DOCUMENT # P05000003729		
1. Entity Name TARPON CONCRETE PUMPING, INC.		

Principal Place of Business 24600 SANDHILL BLVD. STE ONE PUNTA GORDA, FL 33983	Mailing Address 24600 SANDHILL BLVD. STE ONE PUNTA GORDA, FL 33983
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50001975

2. Principal Place of Business		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Tampa, Florida</i>	
Zip	Country	Zip <i>33618</i>	Country <i>USA</i>



01162006 Chg-P CR2E034 (11/05)

4. FEI Number <i>75-3178866</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 NORTH DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Walter Sanders* *Walter Sanders* *2/15/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEMISON, MICHAEL 26266 BARCELOS COURT PUNTA GORDA, FL 33983 <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	D JEMISON, MICHELLE 26266 BARCELOS COURT PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michelle Jemison* *Michelle Jemison* *2/15/06* *941-244-8838*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #