2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000003729 1. Entity Name TARPON CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 16528 N. DALE MABRY HWY 24600 SANDHILL BLVD.

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90057 013 ***150.00 **y**, ∪ ∨ -STE ONE TAMPA, FL 33618 PUNTA GORDA, FL 33983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01122007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 75-3178866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDERS, WALTER Street Address (P.O. Box Number is Not Acceptable) 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 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. Acient signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete Change NAME JEMISON, MICHAEL NAME 26266 BARCELOS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition JEMISON, MICHELLE NAME NAM 26266 BARCELOS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition TESSICA JEDISIO NAME NAME Sandhill Blvd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP unta Gorda, TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.