2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P05000095515 1. Entity Name 02-22-2006 90012 030 ***150.00 9 FINGERS CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 14861 SE 97TH PLACE OCKLAWAHA FL 32179 P.O. BOX 721 OCKLAWAHA FL 32183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country 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 DEESE, CHARLOTTE L 14861 SE 97TH PLACE Street Address (P.O. Box Number is Not Acceptable) OCKLAWAHA FL 32179 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, typers or prestort runner of rupsteend agent and late if applicable (NOTE: Registered Agent segrature misured when revisitation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE ☐ Change ☐ Addition NAME DEESE, CHARLOTTE L NAME STREET ADDRESS STREET ADDRESS P.O. BOX 721 CITY-\$1-ZIP OCKLAWAHA FL 32183 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Delete UILE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Delete TITLE ☐ Change ☐ Addition NALAF PLEASE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF C Octobe TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Mar 13, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

9 FINGERS CONCRETE PUMPING, INC. P.O. BOX 721 OCKLAWAHA, FL 32183 US

Subject: 9 FINGERS CONCRETE PUMPING, INC.

Reference Number:

P05000095515

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

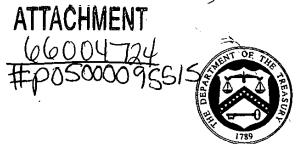
Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION





08/17/2005

9 FINGERS CONCRETE PUMPING INC

PO BOX 721 OCKLAWAHA, FL 32183-0000

TIN	(Taxpayer	Identification	Number)
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20-3124610

About Your Established Enrollment

Dear Taxpayer:

You were recently pre-enrolled in the Electronic Federal Tax Payment System (EFTPS) to make all your federal tax payments online or by phone.

According to our records...

You have not activated your enrollment yet. You can activate your enrollment by calling 1-800-555-3453 and supplying EFTPS with your bank account information and phone number. Please have your Employer Identification Number (EIN), EFTPS Personal Identification Number (PIN received previously by a separate mailing), and bank account information handy when you call.

It's important that you activate your enrollment as soon as possible so you can begin making your payments through EFTPS. Once you begin using EFTPS, you will see how convenient, easy, and tast it is to make a federal tax payment online or by phone. Plus, you will receive an immediate acknowledgement number for every transaction which acts as a receipt for your records.

If you have any questions or need assistance, please call EFTPS Customer Service at 1-800-555-4477.

Thank You.

EFTPS Enrollment Processing