


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 030 \*\*\*150.00

**DOCUMENT # P05000095515**  
 1. Entity Name  
**9 FINGERS CONCRETE PUMPING, INC.**



Principal Place of Business      Mailing Address  
 14861 SE 97TH PLACE      P.O. BOX 721  
 OCKLAWAHA FL 32179      OCKLAWAHA FL 32183  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-3124610**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 DEESE, CHARLOTTE L  
 14861 SE 97TH PLACE  
 OCKLAWAHA FL 32179

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEESE, CHARLOTTE L P.O. BOX 721 OCKLAWAHA FL 32183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte L. Deese*      **CHARLOTTE DEESE**      2/10/06-352-288-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0561



ATTACHMENT

66004724

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

9 FINGERS CONCRETE PUMPING, INC.  
P.O. BOX 721  
OCCLAWAHA, 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 **has not been filed** 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



ATTACHMENT

66004724  
#POS000095515



08/17/2005

9 FINGERS CONCRETE PUMPING INC

PO BOX 721

OCKLAWAHA, FL 32183-0000

**TIN** (Taxpayer Identification Number)

20-3124610

## About Your EFTPS 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 fast 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