


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 043 \*\*\*150.00

<b>DOCUMENT # P05000138402</b> 1. Entity Name <b>S &amp; A CONCRETE PUMPING, INC.</b>					
Principal Place of Business <b>134 E MAIN ST DUNDEE, FL 33838</b>			Mailing Address <b>P.O. BOX 188 DUNDEE, FL 33838</b>		
2. Principal Place of Business - No P.O. Box # <b>3135 Ave T NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 188</b> Suite, Apt. #, etc.			
City & State <b>Winter Haven</b>		City & State <b>Dundee, FL</b>		4. FEI Number <b>02-0753149</b>	
Zip <b>33881</b>	Country <b>Polk</b>	Zip <b>33838</b>	Country <b>Polk</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARROYO, SANTIAGO 134 E MAIN ST DUNDEE, FL 33838</b>				7. Name and Address of New Registered Agent Name <b>Santiago Arroyo</b> Street Address (P.O. Box Number is Not Acceptable) <b>3135 Ave T NE</b> City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33881</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARROYO, SANTIAGO</b> <b>PO BOX 1845</b> <b>DUNDEE, FL 33838</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Arroyo Santiago</b> <b>P.O. Box 188</b> <b>Dundee FL 33838</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SERRANO, SAMUEL</b> <b>P.O BOX 1752</b> <b>AUBURNDAL, FL 33838</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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 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.					
<b>SIGNATURE: <u>Santiago Arroyo</u> <u>Santiago Arroyo</u> 4-17-08 863-299-6717</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					