2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000142128



02-05-2007 90121 045 ***150.00

Feb 05, 2007 8:00 am Secretary of State

FILED

SOMMERS CONCRETE PUMPING INC

Principal Place of Business 1044 COLEMAN AVENUE SARASOTA, FL 34232				Mailing Address 1044 COLEMAN AVENUE SARASOTA, FL 34232										
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01302007	Chg-P	CR2	2E034	(12/06)		
City & State			1	City & State				4. FEI Numbe					plied For Applicable	
Zip		Country	1	Zip	try	5. Certificate of Status Desired			± 🗆	\$8.75 Additional Fee Required				
	6. Name	and Address of Current	tered Agent				7. Name and	Address of Nev	v Register	ed Age	ent			
SOMMERS, BRENDAN 1044 COLEMAN AVENUE SARASOTA, FL 34232						Name Street Address (P.O. Box Number is Not Acceptable)								
			City				F	-L	Zip Code	3				
	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, 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, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						ncing		00 May Be ed to Fees						
10.		OFFICERS AND	DIREC	DIRECTORS 11.				ADDITIONS/	CHANGES TO C	FFICERS A	AND D	IRECTORS	S IN 11	
TITLE	D,P Delete IIII					F	[_	Change	Addition	
NAME	SOMMERS, BRENDAN													
STREET ADDRESS		EMAN AVENUE		STREET ADDRESS 5			20 Bunuan St							
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR