2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # P05000165121 09-11-2006 90002 013 ***150.00 ANGÚS CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 9900 SE SUNSET HARBOR ROAD 9900 SE SUNSET HARBOR ROAD SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012006 Chg-P CR2E034 (11/05) 4. FEI Number 20 - 398540(City & State City & State Applied For 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 **ELLIS, DALE R** Street Address (P.O. Box Number is Not Acceptable) 9900 SE SUNSET HARBOR ROAD SUMMERFIELD, FL 34491 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, typed or printed name of registered agent and title a applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May 8e FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change DALE ELLIS NAME MAME 99005ESUNSETHON bor Rd. STREET ADDRESS STREET ADDRESS Summerfield, FL34491 CITY-ST-ZIP CITY ST. 7P TITLE Delete MILE ☐ Change Addition larry S. LoweII NAME NAME 90 PINECRSE STREET ADDRESS STREET ADDRESS OCALA, FL 34472 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition TILLY KENHELLY NAME 90 PINE COSE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P OCALA, FL-34472 TITLE Detete TITLE Change ☐ Addition DAWN ELLIS 9900 SE SUNSET HARBOR RD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD, FL 34491 TITLE Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 turther 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. LILLY KENNELLY SECRETARY SIGNATURE: ED NAME OF BIGINING OFFICER OR DIRECTOR

FILED