

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90691 001 \*\*\*150.00  
04-28-2008 90691 002 \*\*\*\*\*8.75

**DOCUMENT # P07000041994**

1. Entity Name  
**LENOX MILLER CONCRETE PUMPING INC**



Principal Place of Business  
**3027 S58TH STREET  
TAMPA, FL 33619**

Mailing Address  
**3027 S58TH STREET  
TAMPA, FL 33619**

**66008289**



04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**3027 S58th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**3027 S58th St**  
Suite, Apt. #, etc.

City & State  
**Tampa Florida**  
Zip  
**33619**  
Country  
**U.S.A.**

City & State  
**Tampa FL**  
Zip  
**33619**  
Country  
**U.S.A.**

4. FEI Number  
**41-2266281**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, LENOX O  
3027 S58TH STREET  
TAMPA, FL 33619**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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  
MILLER, LENOX O  
3027 S58TH STREET  
TAMPA, FL 33619** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ 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.

**SIGNATURE:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04/22/08**  
Date

**813-833-8146**  
Daytime Phone #