

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/11/2005-90123-018-\$150.00-\$150.00

DOCUMENT # P95000027342 1. Entity Name D & D CONCRETE PUMPING, INC.		 05 JUN -9 PM 2:43 STATE OF FLORIDA TREASURY DEPARTMENT	
Principal Place of Business 21536 SEATON AVE PT CHARLOTTE, FL 33954		Mailing Address 21536 SEATON AVE PT CHARLOTTE, FL 33954	
2. Principal Place of Business 2795 Pleasant Rd Suite, Apt. #, etc.		3. Mailing Address 2795 Pleasant Rd. Suite, Apt. #, etc.	
City & State Camp Hill AL Zip 36850		City & State Camp Hill AL Zip 36850	
Country USA		Country USA	
4. FEI Number 65-0555278		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, DEBORAH K 21536 SEATON AVE. PORT CHARLOTTE, FL 33954		7. Name and Address of New Registered Agent Name Cheryl A. Reuter EA Street Address Tax Savers 812 Tamiami Trail Ste 1 City Port Charlotte FL 33953	
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 Cheryl A. Reuter EA DATE 6/6/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DENNIS A 21536 SEATON AVE PT CHARLOTTE, FL 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2795 Pleasant Rd. Camp Hill AL 36850 S/R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DEBORAH 21536 SEATON AVE PT CHARLOTTE, FL 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2795 Pleasant Rd. Camp Hill AL 36850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah K. Dunn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/6/05 Daytime Phone # 941-628-4855	