

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 043 \*\*\*158.75

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03012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P96000015402</b> 1. Entity Name <b>FAST TRACK CONCRETE PUMPING, INC.</b>					
Principal Place of Business <b>1200 SOUTH ROGERS CIRCLE SUITE 4 BOCA RATON, FL 33487-5703</b>			Mailing Address <b>1200 SOUTH ROGERS CIRCLE SUITE 4 BOCA RATON, FL 33487-5703</b>		
2. Principal Place of Business <b>1411 W. 13th Street</b> Suite, Apt. #, etc. <b>Suite 105B</b>		3. Mailing Address <b>1411 W. 13th Street</b> Suite, Apt. #, etc. <b>Suite 105B</b>			
City & State <b>Riviera Bch, FL</b>		City & State <b>Riviera Bch, FL</b>		4. FEI Number <b>65-0638716</b>	
Zip <b>33404</b>		Country <b>Palm Bch</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVID, JOHN MARK 13160 BRIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAVID, JOHN MARK</b> <b>13160 BRIDGEWOOD DRIVE</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVID, JULIE</b> <b>13160 BRIDGEWOOD DRIVE</b> <b>PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LITZ, TANYA</b> <b>18887 42ND RD N</b> <b>LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POE, MARK</b> <b>16759 60TH LANE N.</b> <b>LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:</b> <u>Tanya Litz</u> <b>TANYA LITZ</b> , Treasurer <b>3/2/06</b> <b>863-4247</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					