

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000036785

1. Entity Name
**PIONEER CONCRETE PUMPING OF NORTH FLORIDA,
INC.**



Principal Place of Business
**8812 INDUSTRIAL DR.
TAMPA, FL 33637**

Mailing Address
**8812 INDUSTRIAL DR.
TAMPA, FL 33637**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3456849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HICKEY, JEFFREY M
8812 INDUSTRIAL DR.
TAMPA, FL 33637**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HICKEY, JEFFREY M
STREET ADDRESS	8812 INDUSTRIAL DR
CITY - ST - ZIP	TAMPA, FL 33637

TITLE	VPD
NAME	HICKEY, JEFFREY M
STREET ADDRESS	8812 INDUSTRIAL DR
CITY - ST - ZIP	TAMPA, FL 33637

TITLE	SD
NAME	INGLESE, PAT
STREET ADDRESS	4790 WRIGHT DR
CITY - ST - ZIP	SMYRNA, GA 30082

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/03/04-80003-025 300.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

813-985-5100

Daytime Phone #