2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2004 8:00 am Secretary of State DOCUMENT # P97000104240 01-14-2004 90007 016 ***150.00 1. Entity Name O'GREEN CONCRETE PUMPING COMPANY Principal Place of Business Mailing Address 44001672 6220 TAYLOR RD 6220 TAYLOR RD 102 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01072004 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number 59-3484234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent P. JOHNSON BASS, RAYMOND L JR Street Address (P.O. Box Number is Not Acceptable) 2335 TAMIAMI TRAIL NORTH **STE 409** NAPLES, FL Zin Code 34/09 City 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 tor med or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change **Addition** TITLE ☐ Delete Mark BRIGHT WILLIAMS, WILLIAM W NAME NAME 6220 TAYLOR RD #101 425 DOCKSIDE DRIVE, #404 STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP DP ☐ Delete Change · ☐ Addition TITLE TITLE SHOUP, PETER NAME NAME 6220 TAYLOR RD #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP -- Delete Addition JIN F ... TITLE - *-- - - Change-WILLIAMS, BARBARA NAME NAME STREET ADDRESS 1872 N BAHAMA AVENUE STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

239 512-1101 Daytime Phone #