

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | | | |
|--|---|---------|--|--|---|--|--|
| DOCUMENT # P97000104240 1. Entity Name O'GREEN CONCRETE PUMPING COMPANY | | | | | | FILED 08 DEC 12 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 6220 TAYLOR RD STE 103 NAPLES, FL 34109 | | | | Mailing Address 6220 TAYLOR RD STE 103 NAPLES, FL 34109 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent HENRY, JOHNSON P 6640 WILLOW PARK DR NAPLES, FL 34109 | | | | 7. Name and Address of New Registered Agent Name Peter Shoup Street Address (P.O. Box Number is Not Acceptable) 6220 TAYLOR Road Suite 103 City Naples FL 34109 | | | |
| 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 X Peter Shoup <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SHOUP, PETER 6220 TAYLOR RD #103 NAPLES, FL 34109 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000138985310 12/12/08--01036--003 **61.25 | | |
| 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 | | |
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| 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: X Peter Shoup <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 12/8/08 <small>Date</small> | | 239-289-2057 <small>Daytime Phone #</small> | |

KS