

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003047

FILED  
May 15, 2004  
Secretary of State

Entity Name: RELIABLE CONCRETE PUMPING, INC.

**Current Principal Place of Business:**

17466 EAST STREET  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3516  
FORT MYERS, FL 33918 US

**New Mailing Address:**

FEI Number: 65-0805969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIRIANNI, MICHELLE  
15730 JONES ROAD  
N. FT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIRIANNI, MICHELLE  
Address: 15730 JONES RD  
City-St-Zip: N. FT MYERS, FL 33917

Title: VP ( ) Delete  
Name: SIRIANNI, RONALD  
Address: 15730 JONES RD  
City-St-Zip: N. FT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE SIRIANNI

P

05/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date