

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003047

FILED
Feb 25, 2005
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:

7908 INTERSTATE COURT
NORTH FORT MYERS, FL 33917 US

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 (X)**

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

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 (X) 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

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02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date