


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000006884
 1. Entity Name
 GRAHAM CONCRETE PUMPING, INC.



Principal Place of Business Mailing Address
 3280 NORTHWEST 46TH AVENUE 3280 NORTHWEST 46TH AVENUE
 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0814837 Not Applied

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

6. Name and Address of Current Registered Agent
 NOFIL, JOSEPH H PA
 3284 N STATE ROAD 7
 LAUDERDALE LAKES, FL 33319

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000147876
 05/03/04-80121-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, BEVERLY
STREET ADDRESS	3280 NORTHWEST 46TH AVENUE
CITY - ST - ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	GRAHAM, STANFORD
STREET ADDRESS	3280 NORTHWEST 46TH AVENUE
CITY - ST - ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	GRAHAM, BARON
STREET ADDRESS	3280 NORTHWEST 46TH AVENUE
CITY - ST - ZIP	LAUDERDALE LAKES, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANFORD GRAHAM 04-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone