2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # P98000094247 ENTERPRISE CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 1952 BELHAVEN DR. ORANGE PARK FL 32065 1952 BELHAVEN DR. ORANGE PARK FL 32065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-3542234 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRANTZ, LORI S Street Address (P.O. Box Number is Not Acceptable) 1952 BELHAVEN DR. **ORANGE PARK FL 32065** City Zm Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed hance of registered agent and the Transitions to (ILOTE: Registered Agent a grantum required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. * 🔲 🖰 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Derete ☐ Change Addition BILL U00000945885 KRANTZ, KENNETH L MAME NAME 05/30/08-80026-011 150.00 1952 BELHAVEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZP **ORANGE PARK FL 32065** CiTY-ST-7iP TITLE ☐ Derete Change ☐ Addition TITLE NAME KRANTZ, LORI NAME 1952 BELHAVEN DR STREET ADDRESS STREET ADDRESS CiTY-ST-7IP ORANGE PARK FL 32065 CITY-ST-ZIP THEE De:ete ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST~ZIP CITY-ST-ZIP 110:1 ☐ Change Addition Defete BULL MAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De-ele TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY- ST- ZIP TITLE Change Addition ☐ Deiete 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 exemptions contained in Section 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:

4-29-08

Daytmo Phone #