2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Sep 17, 2004 8:00 am Secretary of State DOCUMENT # P99000060395 1. Entity Name 09-17-2004 90006 024 \*\*\*150.00 DUN RITE CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 6601 WINFIELD BLVD. #A3 6601 WINFIELD BLVD. #A3 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 309 VE dod UE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0931892 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent -GONZALEZ.-KIMBERLY -6601 WINFIELD BLVD **A3** MARGATE FL 33063 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 FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITI F PTD Delete TITLE Change rdot solpenoc GONZALEZ, JOHN NAME NAME Gakland PK, FL 3 STREET ADDRESS 6601 WINFIELD BLVD. #A3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP Change **VPSD** TITI F ☐ Delete TITLE Addition GONZALEZ, KIMBERLY NAME NAME STREET ADDRESS 6601 WINFIELD BLVD, #A3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP - 🗔 Change 👡 🔲 Addition ---- Delete JITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. Thereby certify that the information supplied with this filling does not qualify 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 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.

## ATTACHMENT 24085673 # P99000668395

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