2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # \$22033** 06-18-2004 90002 043 ***150.00 1. Entity Name ALL COUNTY CONCRETE PUMPING, INC. Principal Place of Business Mailing Address 54057908 4111 NW SOTH PLACE 4111 NW 30TH-PLACE OCALA FL 34482 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address 2104 SE3rd Are. 210458 3rd Avenue Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Applied For City & State 4. FEi Number 59-3046904 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MARTON Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, KURT A. Street Address (P.O. Box Number is Not Acceptable) 4111 NW 30TH PLACE OCALA FL 34482 City Zip 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 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 DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. VPST TITLE ☐ Delete TITLE ☐ Addition GREEN, KURT A. NAME NAME STREET ADDRESS 4111 NW 30TH PLACE STREET ADDRESS CITY-ST-ZIP OCALA FL 34482 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete__ Addition eTiiLE= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

Jun 18, 2004 8:00 am

Please waive late Fee. 54057908

We only received this Form today. I called the Bept. of State, when said a postcard had been mailed Inever Received any such postcard. Today 6/14/04 We Received a Annual Report In the mail. We moved on April 30,04 and did file a forward runar with the U.S. Post office. The registered agent is still the same only a Change of address needs to be updated. Please Waive any late Fee as we Never got any mail except our The Forms until today 6/14/04.

Respectfully, Hurta. Sroon