


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S22033 1. Entity Name ALL COUNTY CONCRETE PUMPING, INC.					
Principal Place of Business 2104 SE 3RD AVENUE OCALA, FL 34471			Mailing Address 2104 SE 3RD AVENUE OCALA, FL 34471		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, BARBARA J. 2104 SE 3RD AVENUE OCALA, FL 34471				Name <u>KURT GREEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2104 SE 3rd Avenue</u> City <u>Ocala</u> FL <u>34471</u>	
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 <u>Barbara Green</u> <u>Kurt Green</u> 3-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GREEN, BARBARA J. 2104 S.E. 3RD AVENUE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary GREEN, BARBARA J. 2104 SE 3rd Avenue Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kurt Green</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. V.P. Treasurer Green, Kurt 2104 S.E. 3rd Avenue Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600070791916 04/18/06--01029--016 **61.50	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Kurt Green</u>			3-31-06 352 629 3037		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
06 APR -4 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3046904 Applied For Not Applicable

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