## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2008 08:00 AN Secretary of State

	ANNUAL	REPURI		_	S	agreet army of S	34
DOCU	MENT # S98640			3	Secretary of S	) L	
1. Entity Name CONCRETE PUMP DISPATCH, INC.							
CONCRE	TE PUMP DISPATCH, INC.						
		-	No. of the last of				
Principal Plac	e of Business	Mailing Address					
960 HARBOR LAKE CT. PO BOX 1127							
SUITE A SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695						_	
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				4. FEI Number 59-309!		Applied For Not Applical	
			Žistas illenot		of Status Desired	\$8.75 Additional	
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	6. Name and Address of Current Re	igistered Agent		9			
JUDGE, THOMAS E			a Barinan	DO:	NOT W	RITE	
960 HARBOR LAKE CT SUITE A				1	. La		
SAFETY HARBOR, FL 34695				IN I	THIS SP	ACE	
	e named entity submits this statement for the	ne purpose of changing its register	ed office or registe	red agent, or bot	h, in the State of Flor	rida. I am familiar with, and acce	:pt
the obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and	WOTE Description		4	_	DATE	
	Signature, typed or printed frame or oglisicisto agost and	Time is applicable (NOTE negistere	d Agent signature require	o witer remstaning)	- Euro	UN 15.	
FIL	E NOWIII FEE IS \$150.00	9. Election Campaign Final		.00 May Be	Hodood	798388	
After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	∐ Add	led to Fees	01/30/08-	80027-001 150.00	
10.	OFFICERS AND DI	RECTORS				Committee of the second of the	
TITLE NAME	D JUDGE, JAMES P					The same of the sa	
STREET ADDRESS	960-A HARBOR LAKE CT	and the second					
CITY-ST-ZIP	SAFETY HARBOR, FL 34695				d kiliki is		
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CITY-ST-ZIP	SAFETY HARBOR, FL 34695						
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CITY-ST-ZIP	SAFETY HARBOR, FL 34695		The supposed to the supposed to	DO	NOT W	RITE	
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NAME						TRIPER OF STATE OF THE STATE OF	
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CITY-ST-ZIP							
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12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

omas F. Judge 1-23-08

727-725-1666

Daytime Phone #