


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000001384
 1. Entity Name
 PYRAMID MACHINE TOOL CO., INC.



Principal Place of Business 2302 FAIRWAY ESTATES COURT VALRICO, FL 33594 US	Mailing Address 2302 FAIRWAY ESTATES COURT VALRICO, FL 33594 US
---	---

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1785375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LATUSZEK, LANCE
 2302 FAIRWAY ESTATES COURT
 VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

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: *Lance Latuszek* LANCE LATUSZEK DATE: 4-25-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATUSZEK, LANCE 2302 FAIRWAY ESTATES COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC LATUSZEK, MARY Y 2302 FAIRWAY ESTATES COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LATUSZEK, LANCE 2302 FAIRWAY ESTATES COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATUSZEK, MARLENE 1126 LUMSDEN TRACE CR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000941781
 05/28/08-80119-024 150.00

DO NOT WRITE IN THIS SPACE

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: *Lance Latuszek* LANCE LATUSZEK DATE: 4-25-08 DAYTIME PHONE #: 813-689-4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #