



2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P99000059596 1. Entity Name L.T.D. PYRAMID TRUCKING, INC. |  |
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|--|--|
| Principal Place of Business 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 | Mailing Address 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED
 07 APR 25 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04252007
No Chg-P
CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-3587638 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WATSON, LAKECIA S
 2369 INDIAN SPRINGS CT.
 TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

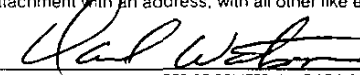
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | P |
| NAME | WATSON, LAKECIA S |
| STREET ADDRESS | 3131 HAWKS LANDING DRIVE |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | V |
| NAME | WATSON, DAVID J |
| STREET ADDRESS | 3131 HAWKS LANDING DRIVE |
| CITY - ST - ZIP | TALLAHASSEE, FL 32309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |

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100101227441
 05/02/07--01044--026 **158.00

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:  4/25/07 850-544-5850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #