

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H57125	
1. Entity Name PYRAMID CONSTRUCTION & DESIGN INC.	



FILED  
05 JUN 20 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1205 D S ADAMS TALLAHASSEE, FL 32310	Mailing Address 1205 D S ADAMS TALLAHASSEE, FL 32310
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2. Principal Place of Business <b>608 HAMPTON AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>608 HAMPTON AVE</b> Suite, Apt. #, etc.
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06202005 Chg-P CR2E034 (10/03)

City & State <b>TALL FL</b>	City & State <b>TALL FL</b>
Zip <b>32310</b>	Zip <b>32310</b>
Country <b>LEON</b>	Country <b>LEON</b>

4. FEI Number <b>59-2526521</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  KHUFU, WESSER 608 HAMPTON AVE TALLAHASSEE, FL 32310	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.	
SIGNATURE	DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHUFU, WESSER</b> <b>608 HAMPTON AVE</b> <b>TALLAHASSEE, FL 32310</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800056488478**  
**06/24/05--01004--001 \*\*150.00**

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.	
SIGNATURE: <b>Messer Ba Ka Khufu</b>	Date: <b>6/20/05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

JUN 20 2005