

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 035 ***150.00

DOCUMENT # 592745

1. Entity Name
PYRAMID INDEPENDENTS, INCORPORATED



Principal Place of Business
2446 OLD LLOYD ROAD
MONTICELLO, FL 32344 US

Mailing Address
2446 OLD LLOYD ROAD
MONTICELLO, FL 32344 US

50016366



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
39-2210857
Applied For
Not Applicable

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

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

KELLEY CPA, DIANE
1549 COLONIAL DR
TALLAHASSEE, FL 32303

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

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, 2006 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
VP
ROBIE, MARY E.
2446 OLD LLOYD RD.
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DAVIS, ROBYN M.
2446 OLD LLOYD RD.
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: Mary E. Robie Vice President 4-21-06 251-4983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 997-8847

**Division of Corporations****Annual Report**[Annual Report Help](#)

Document Number

592745

Business Entity Name

PYRAMID INDEPENDENTS, INCORPORATED

FEI Number

392210857

FEI Number Status

☐ Listed Above ☐ Applied For☐ Not Applicable

Certificate of Status Desired

☐ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☐ Yes ☐ No**Principal Place of Business**

Address

2446 OLD LLOYD ROAD

Suite, Apt. #, etc.

City, State

MONTICELLO

FL

Zip Code & Country

32344

US

Mailing Address

Address

2446 OLD LLOYD ROAD

Suite, Apt. #, etc.

City, State

MONTICELLO

FL

Zip Code & Country

32344

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

KELLEY CPA

DIANE

- OR -

Business to serve as RA

Address (PO Box is not

1549 COLONIAL DR

acceptable)

Suite, Apt. #, etc.

City, State

Zip Code & Country

ATTACHMENT

50016366
592745

TALLAHASSEE, FL

32303 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

VP

Name (Last, First, Middle,
Title)

ROBIE

MARY E.

- OR -Entity Name to serve as
Officer/Director

Street Address

2446 OLD LLOYD RD.

City, State

MONTICELLO

FL

Zip Code & Country

32344

Title

P

Name (Last, First, Middle,
Title)

DAVIS

ROBYN M.

- OR -Entity Name to serve as
Officer/Director

ATTACHMENT

500763106
#592745-

Street Address 2446 OLD LLOYD RD.
City, State MONTICELLO, FL
Zip Code & Country 32344

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,

ATTACHMENT

Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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Start Over

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Annual Report Help



ATTACHMENT

50016366

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2006

PYRAMID INDEPENDENTS, INCORPORATED
2446 OLD LLOYD ROAD
MONTICELLO, FL 32344 US

SUBJECT: PYRAMID INDEPENDENTS, INCORPORATED
Ref. Number: 592745

We have received your document for PYRAMID INDEPENDENTS, INCORPORATED and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist Supervisor

Letter Number: 306A00026568

*resent - 4-24-06
with required updates*