2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851443

Title:

Address:

City-St-Zip:

DVD AND MACONDY CONTDACTORS INC

FILED Mar 12, 2009 Secretary of State

Entity Name: PYRAMID MASONI	RY CONTRACTORS, IN	NC.		
Current Principal Place of Business:		New Principal Place of	Business:	
2330 MELLON COURT DECATUR, GA 30035				
Current Mailing Address:		New Mailing Address:		
2330 MELLON COURT DECATUR, GA 30035				
FEI Number: 58-1269808 FEI Num	ber Applied For() I	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
PARSONS, WILLIAM J 6220 S ORANGE BLOSSOM TRLS ORLANDO, FL 328195354 US	STE 600			
The above named entity submits th in the State of Florida.	is statement for the purp	oose of changing its registered o	office or registered agent, or both,	
SIGNATURE:				
Electronic Signatu	re of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	

Title: Title: () Delete (X) Change () Addition DOHERTY, JOHN, DOHERTY, JOHN Name: Name: 2330 MELLON COURT 2330 MELLON COURT Address: Address: City-St-Zip: DECATUR, GA City-St-Zip: DECATUR, GA 30035

STD () Delete Title: (X) Change () Addition Name:

MAUNEY, DAVID G, MAUNEY, DAVID G Name: 9519 TREASANTON DR. Address: 9519 TREASANTON DR. CHARLOTTE, NC CHARLOTTE, NC City-St-Zip:

Title: Title: () Delete D (X) Change () Addition

Name: COOK, C. L., Name: COOK, C.L. Address: 2330 MELLON CT Address: 2330 MELLON CT City-St-Zip: DECATUR, GA City-St-Zip: DECATUR, GA 30035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DOHERTY PD 03/12/2009