

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000007169

1. Entity Name
PYRAMID MOULDINGS INC.



Principal Place of Business
300 S MAGNOLIA AVE
GREEN COVE SPRINGS, FL 32043

Mailing Address
300 S MAGNOLIA AVE
GREEN COVE SPRINGS, FL 32043



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2283836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 3231

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, F. PATRICK DR.
STREET ADDRESS 201 INDUSTRIAL PARKWAY
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE VT
NAME KATA, ED
STREET ADDRESS 201 INDUSTRIAL PARKWAY
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE SCD
NAME MCWETHY, ANDREW J
STREET ADDRESS 201 INDUSTRIAL PARKWAY
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE P
NAME MARTIN, RONALD R
STREET ADDRESS 9971 CEDAR KEG
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S
NAME DAVIS, GORDON S JR
STREET ADDRESS 3121 SECRET WOODS TR W
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000127133
04/23/04-80061-023 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____