

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 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



04072005 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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000315858
04/19/05-80050-015 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/14/05

Date

904-284-5611

Daytime Phone #