2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000007169

1. Entity Name
PYRAMID MOULDINGS INC.

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

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01032006 No Chg-P CR2E034 (11/05)

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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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)

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	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	

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03/17/06-80023-010 150.00

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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: _____ S. Gordon Davis, JR. 3/2/06 904-284-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #