

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002299

1. Entity Name
PYRO ENGINEERING, INC.



Principal Place of Business
**110 ROUTE 110 SUITE 102
HUNTINGTON STA, NY 11746**

Mailing Address
**110 ROUTE 110 SUITE 102
HUNTINGTON STA, NY 11746**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3044987

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP-D
NAME	YALE, ROBERT A
STREET ADDRESS	81 PEACHTREE DR
CITY-ST-ZIP	EAST NORWICH, NY 11732
TITLE	DT
NAME	BARNETT, JOSEPH
STREET ADDRESS	FOUR SHELTER LAND
CITY-ST-ZIP	LOCUST VALLEY, NY 11560
TITLE	DVP DCP
NAME	RAPPA, CHARLES
STREET ADDRESS	463 CLAY PITTS RD
CITY-ST-ZIP	EAST POINT, NY 11731
TITLE	S
NAME	BRADY, JR., DENNIS
STREET ADDRESS	346 NOTH BOSTON AEN
CITY-ST-ZIP	NORTH MASSAPAUQUE, NY 11758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80013-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07 631-549-0900