

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 039 ***150.00

DOCUMENT # K83414

1. Entity Name

PYRAMID FORM CARPENTRY, INC.



Principal Place of Business

**1102 N FED HWY
LAKE WORTH FL 33460
US**

Mailing Address

**P.O. BOX 849
LAKE WORTH FL 33460
US**

2. Principal Place of Business

1122 N FED HWY

Suite, Apt. #, etc.

3. Mailing Address

1122 N FED HWY

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip
33460

Country
US

Zip
33460

Country
US

4. FEI Number

65-0122648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIEGMANN, WILHELM
1122 N FED HWY
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **SIEGMANN, JUERGEN**

Street Address (P.O. Box Number is Not Acceptable)

1122 N FED HWY

City
LAKE WORTH

FL

Zip Code
33460

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.

SIEGMANN, JUERGEN PRES. 02-06-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SIEGMANN, JUERGEN**
STREET ADDRESS **1122 N FED HWY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **MGRD** ☐ Delete
NAME **SOWERS, KIRSTEN**
STREET ADDRESS **1122 N FED HWY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Kirsten S. Sowers** **Kirsten S. Sowers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-04

Date

561-585-1970

Daytime Phone #