


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

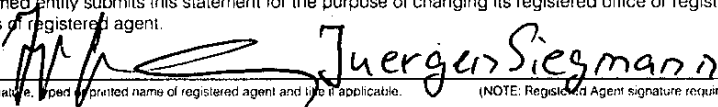
FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90027 014 ***150.00

DOCUMENT # K83414		
1. Entity Name PYRAMID FORM CARPENTRY, INC.		
Principal Place of Business 1105 5 FED HWY APT #11 LAKE WORTH FL 33460 US		Mailing Address P.O. BOX 766 LAKE WORTH FL 33460-0766
2. Principal Place of Business 1102 N. FED. HWY	3. Mailing Address P.O. BOX 766	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA	
Zip 33460	Country US	Zip 33460-0766
	Country US	



1st MOORE CR2E034 (10/05)

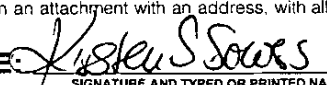
4. FEI Number 65-0122648		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIEGMANN, JUERGEN 1105 S FED HWY, APT 11 LAKE WORTH FL 33460		
7. Name and Address of 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  Juergen Siegmann 02-21-06 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGMANN, JUERGEN 1105 S.FED HWY, APT 11 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGMANN, JUERGEN 1122 N. FED. HWY LAKE WORTH, FL. 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD SOWERS, KIRSTEN 1105 S.FED HWY, APT 13 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD BY KIRSTEN, SOWERS 1102 N. FED. HWY LAKE WORTH, FL. 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF SOWERS, JOHN 1105 S.FED HWY, APT 13 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF SOWERS, JOHN 1102 N. FED. HWY LAKE WORTH, FL. 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  KIRSTEN S. SOWERS 02-21-06 (561) 644-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #