

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86171

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: PYRAMID FASTENERS, INC.

**Current Principal Place of Business:**

620 S. FIRST AVENUE  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

620 S. FIRST AVENUE  
BARTOW, FL 33830

**New Mailing Address:**

FEI Number: 59-2910523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNLAP, GEORGE T., III  
245 SOUTH CENTRAL AVENUE  
BARTOW, FL 33831 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PICKARD, THERESA PRES  
Address: 1045 TRASK LANE  
City-St-Zip: BARTOW, FL 33830

Title: V ( ) Delete  
Name: LACKEY, OWEN VP  
Address: 290 S ORANGE AVE  
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete  
Name: HART, PATTY  
Address: 1870 NORTHWOOD DRIVE  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: KING, JAMESON VP  
Address: 3815 EAST GASKIN ROAD  
City-St-Zip: BARTOW, FL 33830

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA PICKARD

P

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date