


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90074 025 ***150.00

DOCUMENT # P01000024213	
1. Entity Name PYRAMID EMPLOYER SERVICES III, INC.	

Principal Place of Business 6251 44TH STREET SUITE 2 PINELLAS PARK FL 33781-5900 US	Mailing Address 6251 44TH STREET SUITE 2 PINELLAS PARK FL 33781-5900 US
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2. Principal Place of Business 9843 18th ST. N STE 150	3. Mailing Address 9843 18th ST. N STE 150
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City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33716-4209	Zip 33716-4209
Country PINELLAS	Country PINELLAS

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3703495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DYNDUL, ANDREW H 6251 44TH STREET SUITE 2 PINELLAS PARK FL 33781-5900

7. Name and Address of New Registered Agent Name 9843 18th ST N STE 150 Street Address (P.O. Box Number is Not Acceptable) City ST. PETERSBURG FL Zip Code 33716-4209
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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 <u><i>Andrew H. Dyndul</i></u> ANDREW H. DYNDUL <u>3/24/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD DYNDUL, ANDREW H 6257 44TH ST STE 2 PINELLAS PARK FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP KATHRYN DYNDUL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD ANDREW H. DYNDUL 9843 18th ST. N STE 150 ST. PETERSBURG, FL 33716-4209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP KATHRYN DYNDUL 9843 18th ST. N STE 150 ST. PETERSBURG, FL 33716-4209	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: <u><i>Andrew H. Dyndul</i></u> ANDREW H. DYNDUL, PRESIDENT <u>3/24/05</u> Signature and typed or printed name of signing officer or director Date <u>727-528-6930</u>
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