

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90210 045 ***150.00

DOCUMENT # P01000024213

1. Entity Name
PYRAMID EMPLOYER SERVICES III, INC.



Principal Place of Business
9843 18TH ST N
SUITE 150
SAINT PETERSBURG, FL 33716-4209 US

Mailing Address
9843 18TH ST N
SUITE 150
SAINT PETERSBURG, FL 33716-4209 US

DO NOT WRITE IN THIS SPACE

40067640



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3703495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYNDUL, ANDREW H
9843 18TH ST
SUITE 150
SAINT PETERSBURG, FL 33716-4209

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DYNDUL, ANDREW H
STREET ADDRESS	9843 18TH ST N, STE 150
CITY - ST - ZIP	SAINT PETERSBURG, FL 337164209
TITLE	VPD
NAME	DYNDUL, KATHRYN
STREET ADDRESS	9843 18TH ST N, STE 150
CITY - ST - ZIP	SAINT PETERSBURG, FL 337164209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 supplementary 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 #

4/25/06 727 528 6930