2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051183

1. Entity Name
JD PYRAMID TWINS INC.

Principal Place of Business	Mailing Address
1620 N MAGNOLIA AVE OCALA, FL 34475	1620 N MAGNOLIA AVE OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

07162005   No Chg-P   CR2E034 (10/03)

4. FEI Number
36-1062760

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURNELL, ELAINE
6726 CHERRY ROAD
OCALA, FL 34472

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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 X _Elaine Burnell_

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURNELL, ELAINE
STREET ADDRESS	6726 CHERRY ROAD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	ELWELL, JOHN G
STREET ADDRESS	6726 CHERRY ROAD
CITY-ST-ZIP	OCALA, FL 34472

U00000374187
07/22/05-80011-018 150.00

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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: _Elaine Burnell_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #