## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU!	MENT # P040000070			Scere	tary or state	
PYRAMID MAINTENANCE COMPANY, INC.						
Principal Place 5722 SOUTH COOPER CITY	FLAMINGO ROAD	Mailing Address 5722 SOUTH FLAMINGO ROAD COOPER CITY, FL 33330				
			<del> </del>			
n	O NOT WOITE	CE.	02072008	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPAC			<b>UE</b>	4. FEI Number 20-0598		Applied For Nat Applicable
	& Name and Address of Commet D	nelatured Annua	,	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  JEWETT, ELIZABETH M  2514 HOLLYWOOD BOULEVARD  SUITE 508  HOLLYWOOD, FL 33020					NOT W	
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signature, typeo or printed name of registered agent an	d Agent signature required	(when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	noing \$5.	.00 May Be ed to Fees	, , ,		
10.	OFFICERS AND D	IRECTORS	1			
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, BRUCE A JR. 5722 SOUTH FLAMINGO ROAD COOPER CITY, FL 33330					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			000000 02/2 <b>4/06</b> -	433364 80015-008 158.75
Title Name Street address City -ST-Zip		:		DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN T	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY -ST-ZIP						
TITLE NAME STREET ADDRESS	-	:				

12. I hereby certify that the information supplied with this filing desarrior quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true age 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 improvered 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

0/06 954-675-77 Oase Dayrine Phone of