2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000164638

1. Entity Name
PYRAMID SALES, INC.

Principal Place of Business	Mailing Address
2418 BUCKINGHAM AVENUE LAKELAND, FL 33803	2418 BUCKINGHAM AVENUE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1979065	Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, LAURA
2418 BUCKINGHAM AVENUE
LAKELAND, FL 33803

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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_____

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
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, JOHN D
STREET ADDRESS	2418 BUCKINGHAM AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	S
NAME	LOCKE, JESSICA
STREET ADDRESS	2418 BUCKINGHAM AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	T
NAME	BROWN, LAURA
STREET ADDRESS	2418 BUCKINGHAM AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	V
NAME	LOCKE, SHANE
STREET ADDRESS	2418 BUCKINGHAM AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Laura Brown*   LAURA BROWN   1-8-07   863-533-0314

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