

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077241

Entity Name: PYRAMID ASSOCIATES, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

129 NANDINA CIR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

C/O WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD., SUITE 206
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3342975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BOULEVARD
SUITE 206
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAM J. COLLINS,
Address: 129 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: VDST () Delete
Name: LEGEZA, PETER P JR
Address: 1122 NECK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J COLLINS

PD

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date