

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077241

Entity Name: PYRAMID ASSOCIATES, INC.

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

129 NANDINA CIR.  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

1122 NECK ROAD  
PONTE VEDRA BEACH, FL 32082

## 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: PD (X) Change ( ) Addition  
Name: PETER P LEGEZA JR  
Address: 1122 NECK ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PETER P LEGEZA

PD

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date