2005 FOR PROFIT CURPORATION ANNUAL REPORT

FILED Feb 10, 2005 08:00 AM

DOCUMENT # P96000047016 1. Entity Name PYRAMID PAINTING INC.				Secretary of State			
Principal Plac 4808 E 99T TAMPA, FL	TH AVE	failing Address 4808 E 99TH AVE TAMPA, FL 33617					
DO NOT WRITE IN THIS SPA			CE	01142005 4. FEI Numb 59-338		CR2E034 (10	
4808 E 99	6. Name and Address of Current Regis ARTHUR L JR TH AVE L 33617	DO NOT WRITE IN THIS SPACE					
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 Author Lokin							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTS KOHLER, ARTHUR L. JR. 4808 E 99 AVE TAMPA, FL	,		U000002 02/10/05-8	23379 0041-016	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
CITY-ST-ZIP TITLE " NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS							

12. I hereby certify that the Information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Athur J Lohla of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #