

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P96000047016 1. Entity Name PYRAMID PAINTING INC.																													
Principal Place of Business 4808 E 99TH AVE TAMPA FL 33617			Mailing Address 4808 E 99TH AVE TAMPA FL 33617																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 59-3382057 Applied For ☐ Not Applicable ☐																									
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KOHLER, ARTHUR L JR 4808 E 99TH AVE TAMPA FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ DATE _____ Signature is not required if the entity is not changing its registered office or registered agent. (NOTE: Registered Agent's signature is required when changing.)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTS</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KOHLER, ARTHUR L. JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4808 E 99 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL</td> <td></td> </tr> </table>			TITLE	PTS	☐ Delete	NAME	KOHLER, ARTHUR L. JR.		STREET ADDRESS	4808 E 99 AVE		CITY-ST-ZIP	TAMPA FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U00000867909</td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>04/08/08-80089-022 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000867909	☐ Change ☐ Addition	NAME	04/08/08-80089-022 150.00		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 Section 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: Arthur L Kohler Jr Arthur L Kohler Jr 3/17/08 (813) 843-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Election Phrase