2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 2

## Mar 06, 2006 08:00 AM DOCUMENT # V24614 **Secretary of State** 1. Entity Name PYRAMID BUILDING SUPPLIES, INC. Principal Place of Business Mailing Address **13309 HIGHWAY 92 EAST** 13309 HIGHWAY 92 EAST DOVER FL 33527 DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0336415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEWELL, ARTHUR PAUL SR Street Address (P.O. Box Number is Not Acceptable) 13309 HIGHWAY 92 EAST DOVER FL 33527 City 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 accerthe obligations of registered agent SIGNATURE Signature, typed ox printed name of registered agent and tide if applicable CATE (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 80 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Allmin DILE NAME JEWELL, ARTHUR PAUL SR NAME U000004513433 STREET ADDRESS 13309 HIGHWAY 92 EAST STREET ADDRESS 03/16/06 80007-02**2** 158.75 GITY-SE-ZIP DOVER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ AddMiss 7)711 TETLE NAME NAME STREET ADDRESS STREET ADDRESS C114-21-21P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TICLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C17Y -57 - Z1P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZY? 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 informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or directly 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

**FILED** 

ARthur Aul Tenell-Se. 2-28-06 (813)659-1