## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 629067** 

Name:

Address:

City-St-Zip:

GRIMES, RICHARD B

FORT WALTON BEACH, FL 32547

PO BOX 3268

Entity Name: BRYAN PEST CONTROL, INCORPORATED

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
911 DON D FT. WALTO	PRIVE DN BEACH, FL	32547	US				
Current Mailing Address:				New Mailing Address	New Mailing Address:		
911 DON D FT. WALTO	PRIVE ON BEACH, FL	32547	US				
FEI Number:	59-1921977	FEI Numb	er Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Regis					of New Registered Agent:		
GRIMES, B 911 DON D FT WALTO FT. WALTO	RIVE	32547 L	IS				
The above in the State		ıbmits this	s statement for the	purpose of changing its registere	d office or registered agent, or both,		
SIGNATUR	!E:						
Electronic Signature of Registered Agent				gent	Date		
Election Carr	paign Financing	Trust Fund	Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () C GRIMES, BRYAN 118 MICHAEL AV FT WALTON BEA	/E		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST () E GRIMES, CONNIE 118 MICHAEL AV FT WALTON BEA	Æ.		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	VP () D	Delete		Title:	( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD B. GRIMES VP 02/24/2009