


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90136 005 \*\*\*550.00

|   |                              |                                 |   |  |  |
|---|------------------------------|---------------------------------|---|--|--|
| <b>DOCUMENT # P04000070766</b><br>1. Entity Name<br><b>WISE TERMITE &amp; PEST CONTROL, INC.</b>  |                              |                                 |   |   |  |
| Principal Place of Business<br><b>3042 RANCH PLACE BLVD<br/>ZEPHYRHILLS, FL 33541</b>   |                              |                                 | Mailing Address<br><b>3042 RANCH PLACE BLVD<br/>ZEPHYRHILLS, FL 33541</b>   |  |  |
| 2. Principal Place of Business  |                              | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.   |                              | Suite, Apt. #, etc.             |   |  |  |
| City & State  |                              | City & State                    |   | 4. FEI Number<br><b>20-1071693</b>   |  |
| Zip   |                              | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |                              |                                 |   | 7. Name and Address of New Registered Agent  |  |
| <b>H.B. ROSS &amp; CO.<br/>5243 GALL BLVD<br/>SUITE 4<br/>ZEPHYRHILLS, FL 33542</b>   |                              |                                 |   | Name <b>Randy Bryant</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3042 Ranch Place Blvd</b><br>City <b>Zephyrhills,</b> <b>FL</b> Zip Code <b>33541</b> |  |
| 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.<br>SIGNATURE <b>X</b> <i>Randy Bryant</i> (NOTE: Registered Agent signature required when reinstating) <b>5 EPT 12005</b> DATE  |                              |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |                              |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |                              |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | P                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>BRYANT, SANDRA G</b>      |                                 | NAME  |  |  |
| STREET ADDRESS  | <b>3042 RANCH PLACE BLVD</b> |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | <b>ZEPHYRHILLS, FL 33541</b> |                                 | CITY - ST - ZIP   |  |  |
| TITLE   | S                            | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>BRYANT, RANDY L</b>       |                                 | NAME  |  |  |
| STREET ADDRESS  | <b>3042 RANCH PLACE BLVD</b> |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   | <b>ZEPHYRHILLS, FL 33541</b> |                                 | CITY - ST - ZIP   |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                              |                                 | NAME  |  |  |
| STREET ADDRESS  |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                              |                                 | CITY - ST - ZIP   |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                              |                                 | NAME  |  |  |
| STREET ADDRESS  |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                              |                                 | CITY - ST - ZIP   |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                              |                                 | NAME  |  |  |
| STREET ADDRESS  |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP   |                              |                                 | CITY - ST - ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing 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. |                              |                                 |   |  |  |
| SIGNATURE: <b>X</b> <i>Randy Bryant / RANDALL BRYANT</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                              |                                 | <b>5 EPT 12005</b> <b>OFFICE 813-780-9229</b><br>Date Daytime Phone #   |  |  |

**50065096**

