


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90315 014 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P93000025967</b>  |   |   |   |  |  |
| <b>1. Entity Name</b><br>BRYANT EXTERMINATING, INC.   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>4551 SE 44TH RD.<br>OCALA, FL 34480   |   |   | <b>Mailing Address</b><br>P.O. BOX 1214<br>OCALA, FL 34478 US   |   |  |
| <b>2. Principal Place of Business</b><br>822 SE 11 AVE.   |   |   | <b>3. Mailing Address</b><br>P.O. Box 1214  |   |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.   |   |  |
| <b>City &amp; State</b><br>Ocala FL   |   |   | <b>City &amp; State</b><br>Ocala FL   |   |  |
| <b>Zip</b><br>34471   |   | <b>Country</b><br>USA   |   | <b>Zip</b><br>34478   |  |
| <b>Country</b><br>USA   |   | <b>4. FEI Number</b><br>59-1002435  |   |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>COOPER, MICHAEL J<br>620 N. MAGNOLIA ST.<br>OCALA, FL 34470   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>BULLARD, J. WARREN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18 NW 3rd Ave</b><br>City <b>OCALA</b> <b>FL</b> <b>Zip Code 34475</b> |   |  |
| <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.</b><br>SIGNATURE <u><i>J. Dan Bullard</i></u> (NOTE: Registered Agent signature required when reappointing) DATE <u>Apr. 7, 2006</u>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DVP<br>BRYANT, PAUL D<br>4551 SE 44TH AVE. RD.<br>OCALA, FL 34480 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>PASTEUR, CHRIS E.<br>822 SE 11 AVE OCALA FL 34471                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>BRYANT, TOBITHA<br>4551 SE 44TH AVE. RD.<br>OCALA, FL 34480 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DVP<br>REITER, JOHN R.<br>5250 SE 34th CT OCALA FL 34480                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Blank]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DS<br>REITER, SHARYLN R.<br>5250 SE 34th CT. OCALA FL 34480                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Blank]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DT<br>PASTEUR, NANCY K.<br>822 SE 11th AVE OCALA FL 34471                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Blank]   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | [Blank]   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>Nancy K. Pasteur</u> <u>Nancy K. Pasteur</u> <u>4-4-06</u> <u>352/694-7170</u><br><small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>   |   |   |   |   |  |