


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000025967	
1. Entity Name BRYANT EXTERMINATING, INC.	

Principal Place of Business 822 SE 11 AVE OCALA, FL 34471	Mailing Address P.O. BOX 1214 OCALA, FL 34478 US
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1002435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULLARD, WARREN J 18 NW 3RD AVE OCALA, FL 34475
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASTEUA, CHRIS E 822 SE 11 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REITER, JOHN R 5250 SE 34TH CT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REITER, SHARYLN R 5250 SE 34TH CT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PASTEUR, NANCY K 822 SE 11TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80026-008 150.00

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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.

SIGNATURE: Nancy K. Pasteur Nancy K. Pasteur 4-11-08 352 694 7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #