

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025967

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** BRYANT EXTERMINATING, INC.

**Current Principal Place of Business:**

822 SE 11 AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1214  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-1002435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULLARD, WARREN J  
18 NW 3RD AVE  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** PASTEUR, CHRIS E  
**Address:** 822 SE 11 AVE  
**City-St-Zip:** Ocala, FL 34471

**Title:** DVP  
**Name:** REITER, JOHN R  
**Address:** 5250 SE 34TH CT  
**City-St-Zip:** Ocala, FL 34480

**Title:** DS  
**Name:** REITER, SHARYLN R  
**Address:** 5250 SE 34TH CT  
**City-St-Zip:** Ocala, FL 34480

**Title:** DT  
**Name:** PASTEUR, NANCY K  
**Address:** 822 SE 11TH AVE  
**City-St-Zip:** Ocala, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** NANCY KRIM PASTEUR

DT

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date