

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025205

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: REYNOLDS PEST MANAGEMENT, INC.

## Current Principal Place of Business:

2665 NE INDIAN RIVER DR  
JENSEN BEACH, FL 34957 US

## New Principal Place of Business:

1572 SE S. NIEMEYER CR.  
PORT ST LUCIE, FL 34952 US

## Current Mailing Address:

P. O. BOX 811  
JENSEN BEACH, FL 346580811 US

## New Mailing Address:

1572 SE S. NIEMEYER CR.  
PORT ST LUCIE, FL 34952 US

FEI Number: 65-0588136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, BRIAN  
484 NW SUNFLOWER PLACE  
JENSEN BEACH, FL 34957 US

## Name and Address of New Registered Agent:

REYNOLDS, BRIAN  
1572 SE S. NIEMEYER CR.  
PORT ST LUCIE, FL 34952 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REYNOLDS, BRIAN  
Address: 2665 NE INDIAN RIVER DR  
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: REYNOLDS, BRIAN  
Address: 484 NW SUNFLOWER PLACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Change (X) Addition  
Name: REYNOLDS, CHRIS  
Address: 484 NW SUNFLOWER PLACE  
City-St-Zip: JENSEN BEACH, FL 34957

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.

SIGNATURE: BRIAN REYNOLDS

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date