


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|   |                       |                                 |   |  |   |
|---|-----------------------|---------------------------------|---|--|---|
| <b>DOCUMENT # S85341</b><br>1. Entity Name<br><b>RYDER PEST CONTROL, INC.</b>   |                       |                                 |   |                                       |   |
| Principal Place of Business<br><b>4690 NW 113 TERR<br/>SUNRISE FL 33323</b>   |                       |                                 | Mailing Address<br><b>4690 NW 113 TERR<br/>SUNRISE FL 33323</b> |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                       |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                       |  |   |
| City & State  |                       |                                 | City & State  |  |   |
| Zip   |                       | Country                         |   | Zip  |   |
| 6. Name and Address of Current Registered Agent<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>KUSNICK, HOWARD A.<br/>8211 W. BROWARD BLVD.<br/>SUITE 470<br/>PLANTATION FL 33351</b> </div> <div style="width: 50%;">         Name<br/><br/>         Street Address (P.O. Box Number is Not Acceptable)<br/><br/>         City       </div> </div> |                       |                                 |   |  |   |
| 7. Name and Address of New Registered Agent<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 50%;">         FL Zip Code       </div> </div>   |                       |                                 |   |  |   |
| 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 reinstating) DATE _____   |                       |                                 |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                       |                                 |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1           |  |   |
| TITLE   | DP                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MCBRIDE, ELSA         |                                 | NAME  |  |   |
| STREET ADDRESS  | 4690 NW 113 TERR      |                                 | STREET ADDRESS  |  |   |
| CITY- ST- ZIP   | SUNRISE FL 33323-1026 |                                 | CITY- ST- ZIP   |  |   |
| TITLE   | V                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | RYDER, RONALD B.      |                                 | NAME  |  |   |
| STREET ADDRESS  | 4690 NW 113TH TERR    |                                 | STREET ADDRESS  |  |   |
| CITY- ST- ZIP   | SUNRISE FL 33323-1026 |                                 | CITY- ST- ZIP   |  |   |
| TITLE   | T                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | RYDER, RICHARD A.     |                                 | NAME  |  |   |
| STREET ADDRESS  | 4690 NW 113TH TERR    |                                 | STREET ADDRESS  |  |   |
| CITY- ST- ZIP   | SUNRISE FL 33323-1026 |                                 | CITY- ST- ZIP   |  |   |
| TITLE   | P                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MCBRIDE, ELSA         |                                 | NAME  |  |   |
| STREET ADDRESS  | 4690 NW 113TH TERR    |                                 | STREET ADDRESS  |  |   |
| CITY- ST- ZIP   | SUNRISE FL            |                                 | CITY- ST- ZIP   |  |   |
| TITLE   | S                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | RYDER, JAMES A        |                                 | NAME  |  |   |
| STREET ADDRESS  | 4690 NW 113TH TERRACE |                                 | STREET ADDRESS  |  |   |
| CITY- ST- ZIP   | SUNRISE FL 33323-1026 |                                 | 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   |  |   |



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0289984** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

FL Zip Code

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

UN00000349835  
05/02/05-80080-014 158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Elisa MCBride*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 954-749-909X  
Date Daytime Phone #