

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85341

FILED
Apr 08, 2007
Secretary of State

Entity Name: RYDER PEST CONTROL, INC.

Current Principal Place of Business:

4690 NW 113 TERR
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

4690 NW 113 TERR
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0289984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUSNICK, HOWARD A.
8211 W. BROWARD BLVD.
SUITE 470
PLANTATION, FL 33351 US

Name and Address of New Registered Agent:

KUSNICK, HOWARD A.
300 NORTHWEST 82ND AVENUE
SUITE 505
FORT LAUDERDALE, FL 33324 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:

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCBRIDE, ELSA,
Address: 4690 NW 113 TERR
City-St-Zip: SUNRISE, FL 333231026

Title: V () Delete
Name: RYDER, RONALD B.
Address: 4690 NW 113TH TERR
City-St-Zip: SUNRISE, FL 333231026

Title: T () Delete
Name: RYDER, RICHARD A.
Address: 4690 NW 113TH TERR
City-St-Zip: SUNRISE, FL 333231026

Title: P () Delete
Name: MCBRIDE, ELSA
Address: 4690 NW 113TH TERR
City-St-Zip: SUNRISE, FL

Title: S () Delete
Name: RYDER, JAMES A
Address: 4690 NW 113TH TERRACE
City-St-Zip: SUNRISE, FL 333231026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELSA MCBRIDE

P

04/08/2007

Electronic Signature of Signing Officer or Director

Date