

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000083378

**Entity Name:** PROTEX LAWN & PEST CONTROL, INC.

**Current Principal Place of Business:**

1644 SMITHFIELD WAY  
SUITE 1246  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 620381  
OVIEDO, FL 32762 US

**FEI Number:** 47-5323371

**Certificate of Status Desired:** No

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

ASMA & ASMA, P.A.  
884 S DILLARD ST  
WINTER GARDEN, FL 34787 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRIGMAN, DEREK E  
Address        709 PALM DR  
City-State-Zip: OVIEDO FL 32765

Title            VP  
Name            BRIGMAN, CANDACE N  
Address        709 PALM DR  
City-State-Zip: OVIEDO FL 32765

*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:** CANDACE BRIGMAN

**VICE PRESIDENT**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date