2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04761

Entity Name: TRULY NOLEN EXTERMINATING, INC.

Current Principal Place of Business:

432 S. WILLIAMS BLVD. TUCSON, AZ 85711

Current Mailing Address:

432 S. WILLIAMS BLVD. TUCSON, AZ 85711 US

FEI Number: 86-0169166 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title DIRECTOR OF OPERATIONAL Title VΡ

> ADMINISTRATION MAHER, CHRIS Name

NOLEN, MICHELLE Name 770 TAMIAMI TRAIL Address

432 S. WILLIAMS BLVD. Address City-State-Zip: PORTCHARLOTTE FL 33953

City-State-Zip: TUCSON AZ 85711

Title **PRESIDENT** Title COO

Name NOLEN JALLAD, SCARLETT S. BELLET, JUSTIN VP Name

Address 432 S. WILLIAMS BLVD. 2082 33RD STREET Address TUCSON AZ 85711 City-State-Zip:

City-State-Zip: ORLANDO FL 32839

Title **CFO** Title ٧P

Name WILD, MATT Name RINGLSTETTER, MARK

Address 432 S. WILLIAMS BLVD. Address 432 S. WILLIAMS BLVD. City-State-Zip: TUCSON AZ 85711

City-State-Zip: TUCSON AZ 85711

Title DIRECTOR OF INFORMATION Title VΡ

TECHNOLOGY

LAWLOR, GEORGE Name BOHNE, GREG Name Address 432 S. WILLIAMS BLVD. 432 S WILLIAMS BLVD Address

City-State-Zip: TUCSON AZ 85711 City-State-Zip: TUCSON AZ 85711

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.

01/21/2025 SIGNATURE: MATT WILD CEO

FILED Jan 21, 2025

Secretary of State

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