

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90133 046 ***150.00



DOCUMENT # 818129

1. Entity Name
ORKIN, INC.

Principal Place of Business
**2170 PIEDMONT ROAD, N.E.
 ATLANTA GA 30324**

Mailing Address
**CORPORATE TAXES
 2170 PIEDMONT RD. N.E.
 ATLANTA GA 30324**

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-0942031

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | CYNKUS, HARRY J | |
| STREET ADDRESS | 2170 PIEDMONT RD. NE | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROLLINS, GARY | |
| STREET ADDRESS | 2170 PIEDMONT RD N E | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ROLLINS, GLEN W | |
| STREET ADDRESS | 2170 PIEDMONT RD N E | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROLLINS, R. RANDALL | |
| STREET ADDRESS | 2170 PIEDMONT RD N E | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | KNOTTEK, MICHAEL W | |
| STREET ADDRESS | 2170 PRESIDENT RD. NE | |
| CITY-ST-ZIP | ATLANTA GA 30324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------|--|
| TITLE | T/AS/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harry J. Cynkus **3/1/05** **404-888-2064**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #