


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # 818129 1. Entity Name ORKIN, INC.	
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Principal Place of Business 2170 PIEDMONT ROAD, N.E. ATLANTA, GA 30324	Mailing Address CORPORATE TAXES 2170 PIEDMONT RD. N.E. ATLANTA, GA 30324
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DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0942031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASD CYNKUS, HARRY J 2170 PIEDMONT RD. NE ATLANTA, GA 30324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, GARY 2170 PIEDMONT RD N E ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLINS, GLEN W 2170 PIEDMONT RD N E ATLANTA, GA 30324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOTTEK, MICHAEL W 2170 PRESIDENT RD. NE ATLANTA, GA 30324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000675728
 03/30/07-80030-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3/16/2007 404-888-2064
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #