


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90028 047 ***150.00

DOCUMENT # F01000004371			
1. Entity Name NATIONAL SERVICE INDUSTRIES, INC.			
Principal Place of Business 1420 PEACHTREE STREET, N.E. STE 200 ATLANTA, GA 30309-3002		Mailing Address 1420 PEACHTREE STREET, N.E. STE 200 ATLANTA, GA 30309-3002	
2. Principal Place of Business		3. Mailing Address <i>46 Corp Tax</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1420 Peachtree St NE Ste 200</i>	
City & State		City & State <i>Atlanta GA</i>	
Zip	Country	Zip	Country
		<i>30309-3002</i>	
5. Certificate of Status Desired <input type="checkbox"/>		01242005 Chg-P CR2E034 (10/03)	
4. FEI Number 77-0319365		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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KELLY, MICHAEL R 1420 PEACHTREE STREET, N.E. ATLANTA, GA 303093002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David F. Gadecki 1420 Peachtree St. NE Ste 200 Atlanta, GA 30309-3002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPRIGGS, DAVID NICHOLAS II 1420 PEACHTREE STREET, N.E. ATLANTA, GA 303093002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Michael K. Marks 1420 Peachtree St. NE Ste 200 Atlanta, GA 30309-3002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, CAROL E 1420 PEACHTREE STREET, N.E. ATLANTA, GA 303093002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LAMINACK, GENE K 1420 PEACHTREE STREET, N.E. ATLANTA, GA 303093002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PULLEN, TERA D 1420 PEACHTREE STREET, N.E. ATLANTA, GA 303093002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOOK, RANDOLPH J 1420 PEACHTREE STREET NE ATLANTA, GA 30309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>K. A. Laminack</i>		Date: <i>1/24/05</i> (404) 853-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>N. Gene Laminack, CFO</i>		Date: _____ Daytime Phone #: _____	

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