2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000006444

1. Entity Name
H.M. ROLLINS COMPANY

Principal Place of Business	Mailing Address
11594 LORRAINE ROAD GULFPORT, MS 39503	P.O. BOX 3471 GULFPORT, MS 39505

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0668056
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETROVICH, MIKE
C/O HOPPING GREEN AND SAMS
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000472413
03/29/06-80035-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTCD
NAME	ROLLINS, H.M.
STREET ADDRESS	14341 SWAN LANE
CITY-ST-ZIP	GULFPORT, MS 39503
TITLE	V
NAME	ROLLINS, C H JR.
STREET ADDRESS	5150 E. MIDWAY DRIVE
CITY-ST-ZIP	PAS CHRISTIAN, MS 39571
TITLE	SD
NAME	ROLLINS, L B
STREET ADDRESS	14341 SWAN LANE
CITY-ST-ZIP	GULFPORT, MS 39503
TITLE	D
NAME	HATTEN, J W
STREET ADDRESS	14341 SWAN LANE
CITY-ST-ZIP	GULFPORT, MS 39503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ President 3/14/06 228-832-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #