## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 20, 2007 08:00 AM
Secretary of State

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1. Entity Name

ROLLINS ENTERPRISES, INC.



Principal Place of Business

18341 HUNTERS GLEN RD NORTH FORT MYERS, FL 33917 Mailing Address

18341 HUNTERS GLEN RD NORTH FORT MYERS, FL 33917



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 91-2168073

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Addres	ss of Curr	ent Registered	l Agent

ROLLINS, WILLIAM H JR 18341 HUNTERS GLEN RD N FORT MYERS, FL 33917

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8. The above the obliga	e named entity submits this statement for the pations of registered agent.	urpose of changing its registered	office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	appacable. (NOTE: Registered A	gent signatui	e required when reinstating)	DATE
FII After M	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLLINS, WILLIAM H JR. 18341 HUNTERS GLEN RD NORTH FORT MYERS, FL 33917				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000719987 05/01/07-80087-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Florida Statutes. I further certify that the information

12. Thereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

239,751.3167