2005 FOR PROFIT CORPORATION

## **FILED** Mar 19. 2005 08:00 AM

	MITITORL	KELOKI		Iviai 17, 2003 00.00
DOCUMENT # P04761  1. Entity Name TRULY NOLEN EXTERMINATING, INC.			Secretary of State	
,	SPEEDWAY BIVD	Mailing Address PO BOX 43550 TUCSON, AZ 85733 US		]   
DO NOT WRITE IN THIS SPACE			CE	01272005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied For Not Applied Status Desired  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 Signature, typed or profiled name of registered agent and title if applicable. (NOTE, Registered Agent signature recuired when reinstains)  DATE  DATE  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	Ť	······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLEN, MICHELLE 3636 E SPEEDWAY BLVD TUCSON, AZ 85716	1.00.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHER, CHRIS 770 TAMIAMI TRAIL PORT CHARLOTTE, FL 33953			U00000270378 ù3/21/05-80004-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLEN, STEVEN S PD 3636 E. SPEEDWAY BLVD. TUCSON, AZ 85716			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARTLEY ROBERT W. 3620 E. SPEEDWAY TUCSON, AZ 85716			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLEN, TRULY W D 3636 EAST SPEEDWAY BLVD TUCSON, AZ 85716			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESEAR, RON VP 525 WILBUR ST. BRANDON, FL 33511			

12. Thereby 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 earls; 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.

Solut WHOLE HALLES

SIGNATURE: 🔼

520-322-406 27 Jan 2005 Daytime Phone \*