

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04761

1. Entity Name
TRULY NOLEN EXTERMINATING, INC.



Principal Place of Business
**3636 EAST SPEEDWAY BLVD
TUCSON, AZ 85716 US**

Mailing Address
**PO BOX 43550
TUCSON, AZ 85733 US**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0169166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 printed name of registered agent and title if applicable.

(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**

**000000607492
01/31/07-80039-007 158.75**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SENNER, MICHELLE
STREET ADDRESS	3636 E SPEEDWAY BLVD
CITY-ST-ZIP	TUCSON, AZ 85716
TITLE	VP
NAME	MAHER, CHRIS
STREET ADDRESS	770 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953
TITLE	PD
NAME	NOLEN, STEVEN S PD
STREET ADDRESS	3636 E. SPEEDWAY BLVD.
CITY-ST-ZIP	TUCSON, AZ 85716
TITLE	VPD
NAME	HARTLEY ROBERT W.
STREET ADDRESS	3620 E. SPEEDWAY
CITY-ST-ZIP	TUCSON, AZ 85716
TITLE	D
NAME	NOLEN, TRULY W D
STREET ADDRESS	3636 EAST SPEEDWAY BLVD
CITY-ST-ZIP	TUCSON, AZ 85716
TITLE	VP
NAME	DESEAR, RON VP
STREET ADDRESS	525 WILBUR ST.
CITY-ST-ZIP	BRANDON, FL 33511

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE SENNER 1/19/2007

Date

Daytime Phone #