


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90185 031 \*\*\*150.00

**DOCUMENT # 609876**

1. Entity Name  
**HARTUNG AND NOBLIN, INC.**



Principal Place of Business  
**3303-201 THOMASVILLE RD  
 TALLAHASSEE, FL 32308**

Mailing Address  
**3303-201 THOMASVILLE RD  
 TALLAHASSEE, FL 32308**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40054694



04172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1897105**

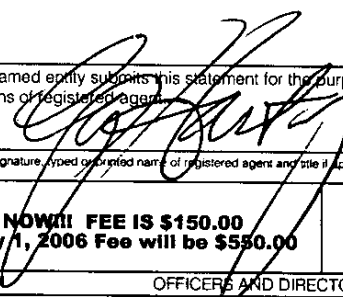
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARTUNG, LAWRENCE RAYMOND (CHIP) JR  
 3303 THOMASVILLE RD.  
 TALLAHASSEE FL, FL 32312**

7. Name and Address of New Registered Agent  
 Name **LAWRENCE Raymond (Chip) Hartung, JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3303 Thomasville Rd., Suite 201**  
 City **TALLAHASSEE FL** Zip Code **32308**

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 **4/17/06**

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

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD HARTUNG, LAWRENCE R 2746 MILLSTONE PLANTION RD TALLAHASSEE, FL 32312 <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	D NOBLIN, MILLARD J 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Change zip to 32308*

*S. ANN Brockoff  
 3207-15 Shawbrook, E.  
 TALLAHASSEE, FL 32309*

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 addressee, with all other those empowered.

SIGNATURE:  DATE **4/17/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR