2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609876

Name:

Address:

City-St-Zip:

BROCKETT, D. ANN

3207-15 SHAMROCK E

TALLAHASSEE, FL 32309

Entity Name: HARTUNG AND NOBLIN, INC.

FILED Apr 16, 2009 Secretary of State

		TVO 7 TVD TVODEITV, IIVO.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	THOMASVILI SSEE, FL 32				
Current Mailing Address:			New Mailing Address:		
	THOMASVILI SSEE, FL 32				
FEI Number: 59-1897105		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3303 THO STE 201 TALLAHAS The above	MASVILLE R SSEE, FL 32 named entity e of Florida.	308 US	purpose of changing its registered	office or registered agent, or both,	
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARTUNG, L	ONE PLANTION RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (NOBLIN, MIL 2514 HARRIN TALLAHASSE	1AN CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDOLPH H. LANE FM 04/16/2009