


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000005445</b> 1. Entity Name <b>WOHLSEN CONSTRUCTION COMPANY</b>	
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Principal Place of Business <b>548 STEEL WAY LANCASTER, PA 17604-7066</b>	Mailing Address <b>POST OFFICE BOX 7066 LANCASTER, PA 17604-7066</b>
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**DO NOT WRITE IN THIS SPACE**



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>23-1542546</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANGMUIR, J G 548 STEEL WAY LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALAN, JOHN 548 STEEL WAY LANCASTER, PA 17604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODIE, DAVID B 18 BOULDEN CIRCLE SUITE 16 NEW CASTLE, DE 197203495
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYSON, RONALD 548 STEEL WAY LANCASTER, PA 17601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, EDWARD 548 STEEL WAY LANCASTER, PA 17001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINNOTT, DANIEL 548 STEEL WAY LANCASTER, PA 17601

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08/04/06-80003-014 558.75

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: John M Valan **7/26/06** **717-299-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #