

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003911

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: NOELKER AND HULL ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

30 WEST KING STREET  
CHAMBERSBURG, PA 17201

**New Principal Place of Business:**

**Current Mailing Address:**

30 WEST KING STREET  
CHAMBERSBURG, PA 17201

**New Mailing Address:**

FEI Number: 25-1223851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEERIN, MICHAEL  
1717 S. ORANGE AVENUE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

SHEERIN, MICHAEL  
255 SOUTH ORANGE AVENUE  
SUITE 1600  
ORLANDO, FL 32801 US

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.

SIGNATURE: MICHAEL SHEERIN      01/08/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HULL, MICHAEL G  
Address: 4670 DEER SPRING ROAD  
City-St-Zip: BRADDOCK HEIGHTS, MD 21714

Title: VP ( ) Delete  
Name: ALLEN-HALL, MICHAEL  
Address: 522 LARKAPUR LN  
City-St-Zip: CHAMBERSBURG, PA 17201

Title: S ( ) Delete  
Name: HARSHMAN, TODD  
Address: 7893 GOLF VISTA DR  
City-St-Zip: GREENCASTLE, PA 17225

Title: T ( ) Delete  
Name: HARSHMAN, TODD  
Address: 7893 GOLF VISTA DR  
City-St-Zip: GREENCASTLE, PA 17225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL G. HULL, AIA      PRES      01/08/2007  
Electronic Signature of Signing Officer or Director      Date