

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 017 ***150.00

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1. Entity Name

C. A. MURREN AND SONS COMPANY, INC.



Principal Place of Business

3350 BRECKINRIDGE BLVD., STE. 200
DULUTH, GA 30096

Mailing Address

3350 BRECKINRIDGE BLVD., STE. 200
DULUTH, GA 30096

40051003



DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number

58-2047805

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURREN, CHARLES A III
STREET ADDRESS	3350 BRECKINRIDGE BLVD., STE. 200
CITY-ST-ZIP	DULUTH, GA 30096
TITLE	S
NAME	REMINGTON, MICHAEL P
STREET ADDRESS	3350 BRECKINRIDGE BLVD., STE. 200
CITY-ST-ZIP	DULUTH, GA 30096
TITLE	VP
NAME	BURCKHALTER, RONALD
STREET ADDRESS	3350 BRECKINRIDGE BLVD., STE. 200
CITY-ST-ZIP	DULUTH, GA 30096
TITLE	VP
NAME	MAY, BRIAN
STREET ADDRESS	3350 BRECKINRIDGE BLVD., STE. 200
CITY-ST-ZIP	DULUTH, GA 30096
TITLE	VP
NAME	McPherson, Michael
STREET ADDRESS	3350 Breckinridge Blvd, #200
CITY-ST-ZIP	Duluth, GA 30096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

3/21/08

7703463661

Doug Thompson