2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000001422

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jul 14, 2009 Secretary of State

DOCON	/ILIVI# I OC	7000001722			Secretary of	State	
Entity Na	me: C. A. MU	IRREN AND SONS COMPA	NY, INC.				
Current Principal Place of Business:			New Pr	New Principal Place of Business:			
	ANVILLE HWY N, GA 30017	Y (GA HWY 20) US					
Current Mailing Address:			New Ma	New Mailing Address:			
	ANVILLE HWY N, GA 30017	Y (GA HWY 20) US					
FEI Number	: 58-2047805	FEI Number Applied For ()	FEI Number Not A	Applicable ()	Certificate of Status Des	ired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD					
	e named entity e of Florida.	submits this statement for th	ne purpose of changir	ng its registered	office or registered ager	ıt, or both,	
SIGNATUI	RE:						
	Electron	nic Signature of Registered	Agent	Date			
OFFICER	S AND DIREC	CTORS:	ADDITI	ONS/CHANGE	S TO OFFICERS AND D	DIRECTORS	
Title: Name: Address: City-St-Zip:	P (CHARLES 2275 LOGANV GRAYSON, GA		Title: Name: Address: City-St-Zi	MURREN III, 2275 LOGAN	VILLE HWY		
Title: Name: Address:	S (MICHAEL 2275 LOGANV) Delete	Title: Name: Address:	REMINGTON	X) Change ()Addition , MICHAEL P		
City-St-Zip:	GRAYSON, GA		City-St-Zi		VILLE HWY 6A 30017 US		

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL P REMINGTON S 07/14/2009

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2275 LOGANVILLE HWY

2275 LOGANVILLE HWY

GRAYSON, GA US

GRAYSON, GA US

BRIAN

MICHAEL

(X) Change () Addition

(X) Change () Addition

MAY, BRIAN

2275 LOGANVILLE HWY

MCPHERSON, MICHAEL

2275 LOGANVILLE HWY

GRAYSON, GA 30017 US

GRAYSON, GA 30017 US