

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006341

Entity Name: DW COLLIER ENGINEERING, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

412 WILLIAMS STREET
SOUTH FULTON, TN 38257

New Principal Place of Business:

Current Mailing Address:

412 WILLIAMS STREET
SOUTH FULTON, TN 38257

New Mailing Address:

P O BOX 5079
SOUTH FULTON, TN 38257

FEI Number: 20-0607032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COLLIER, DAVID W
Address: 412 WILLIAMS STREET
City-St-Zip: SOUTH FULTON, TN 38257

Title: VPS () Delete
Name: COLLIER, CHRISTINA M
Address: 412 WILLIAMS STREET
City-St-Zip: SOUTH FULTON, TN 38257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTINA MARIE COLLIER

VPS

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date