

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # F07000004409

1. Entity Name
DM COLBURN CONSTRUCTION INC.



Principal Place of Business

**724 COUNTY ROAD 1413
CULLMAN, AL 35058**

Mailing Address

**POST OFFICE BOX 1662
CULLMAN, AL 35056**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1236998

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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	VTD
NAME	ARNDT, TIM
STREET ADDRESS	724 COUNTY ROAD 1413
CITY-ST-ZIP	CULLMAN, AL 35058
TITLE	PD
NAME	COLBURN, DON M
STREET ADDRESS	724 COUNTY ROAD 1413
CITY-ST-ZIP	CULLMAN, AL 35058
TITLE	SD
NAME	COLBURN, JOHN L
STREET ADDRESS	724 COUNTY ROAD 1413
CITY-ST-ZIP	CULLMAN, AL 35058
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Timothy L. Arndt **Timothy L. Arndt U.P. Treas**

1-7-08 256-737-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #