


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State


DOCUMENT # F05000000273

1. Entity Name
CRM CONSTRUCTION SERVICES, INC.



Principal Place of Business Mailing Address
4441 ROWAN ROAD 1110 EUCLID AVENUE, SUITE 300
NEW PORT RICHEY, FL 34653 CLEVELAND, OH 44115

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1583962	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALABRESE, STEVE
4441 ROWAN ROAD
NEW PORT RICHEY, FL 34653

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CP CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FORTUNATO, DAVID R 38681 GAELIC GLEN SOLON, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CALABRESE, DAVID S 12141 NEW MARKET DRIVE CHESTERLAND, OH 44026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/20/08-80105-015.158.75

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: _____ **4/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #