


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	CP
NAME	CALABRESE, STEVEN A
STREET ADDRESS	5051 PELICAN COLONY BLVD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DS
NAME	FORTUNATO, DAVID R
STREET ADDRESS	38681 GAELIC GLEN
CITY-ST-ZIP	OLON, OH 44139
TITLE	DT
NAME	CALABRESE, DAVID S
STREET ADDRESS	12141 NEW MARKET DRIVE
CITY-ST-ZIP	CHESTERLAND, OH 44026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #