

**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 **X** **\$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 \_\_\_\_\_

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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/08