

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000

1. Entity Name
CONSTRUCTION MATERIALS, INC.



Principal Place of Business
**PO BOX 210189
MONTGOMERY, AL 36121-0189**

Mailing Address
**PO BOX 210189
MONTGOMERY, AL 36121-0189**

FILED
Jan 19, 2006 08:00 AM
Secretary of State



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0667388** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELSH, BRUCE J
5169 SAND RIDGE CT
JACKSONVILLE, FL 32258**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CREWS, JOHN**
STREET ADDRESS **4350 NORTHERN BLVD**
CITY-ST-ZIP **MONTGOMERY, AL 36110**

TITLE **V**
NAME **CREWS, GREG**
STREET ADDRESS **4350 NORTHERN BLVD**
CITY-ST-ZIP **MONTGOMERY, AL 36110**

TITLE **V**
NAME **CREWS WEST, ANN**
STREET ADDRESS **4350 NORTHERN BLVD**
CITY-ST-ZIP **MONTGOMERY, AL 36110**

TITLE **CD**
NAME **CREWS, THOMAS**
STREET ADDRESS **4350 NORTHERN BLVD**
CITY-ST-ZIP **MONTGOMERY, AL 36110**

TITLE **ST**
NAME **CREWS, ELSIE**
STREET ADDRESS **4350 NORTHERN BLVD**
CITY-ST-ZIP **MONTGOMERY, AL 36110**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1111111-901994
01/24/06 80019-001 150.00

**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 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

John Crews 1/1/06
President

334-272-8200
Daytime Phone #