


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P07000 1. Entity Name CONSTRUCTION MATERIALS, INC.	
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Principal Place of Business 4350 NORTHERN BLVD. MONTGOMERY, AL 36121-0189	Mailing Address PO BOX 210189 MONTGOMERY, AL 36121-0189
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0667388	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WELSH, BRUCE J
6789 PHILLIPS INDUSTRIAL BLVD.
JACKSONVILLE, FL 32256**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000622499
02/13/07-80028-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREWS, JOHN 4350 NORTHERN BLVD MONTGOMERY, AL 36110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREWS, GREG 4350 NORTHERN BLVD MONTGOMERY, AL 36110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREWS WEST, ANN 4350 NORTHERN BLVD MONTGOMERY, AL 36110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CREWS, THOMAS 4350 NORTHERN BLVD MONTGOMERY, AL 36110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CREWS, ELSIE 4350 NORTHERN BLVD MONTGOMERY, AL 36110
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN CREWS, PRESIDENT 1/26/07 (374) 272-8200