

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000

FILED
Jun 25, 2009
Secretary of State

Entity Name: CONSTRUCTION MATERIALS, INC.

Current Principal Place of Business:

4350 NORTHERN BLVD.
MONTGOMERY, AL 361210189

New Principal Place of Business:

4350 NORTHERN BLVD.
MONTGOMERY, AL 361103020

Current Mailing Address:

PO BOX 210189
MONTGOMERY, AL 361210189

New Mailing Address:

FEI Number: 63-0667388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CREWS, JOHN
Address: 4350 NORTHERN BLVD
City-St-Zip: MONTGOMERY, AL 36110

Title: V () Delete
Name: CREWS, GREG
Address: 4350 NORTHERN BLVD
City-St-Zip: MONTGOMERY, AL 36110

Title: V () Delete
Name: CREWS WEST, ANN
Address: 4350 NORTHERN BLVD
City-St-Zip: MONTGOMERY, AL 36110

Title: CD () Delete
Name: CREWS, THOMAS
Address: 4350 NORTHERN BLVD
City-St-Zip: MONTGOMERY, AL 36110

Title: ST () Delete
Name: CREWS, ELSIE
Address: 4350 NORTHERN BLVD
City-St-Zip: MONTGOMERY, AL 36110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFF THOMASON

ACCT

06/25/2009

Electronic Signature of Signing Officer or Director

Date