

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P37605**

1. Entity Name  
CRS ENGINEERING, INC.



Principal Place of Business  
3504 SEVENTH AVE., SOUTH  
BIRMINGHAM, AL 35222

Mailing Address  
3504 SEVENTH AVE., SOUTH  
BIRMINGHAM, AL 35222



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-1057711

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

INCORP SERVICES, INC.  
103 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB CATER, FRANK M. 3504 7TH AVE., SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CATER, KEN W 3504 7TH AVE., SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BANNER, R SCOTT 3504 - 7TH AVENUE SOUTH BIRMINGHAM, AL 35222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GILL, JOHN W 35040- 7TH AVENUE SOUTH BIRMINGHAM, AL 35222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/05-80030-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-5-05 205-223-2323  
Date Daytime Phone #