

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026302

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: CRS BUILDING CORPORATION

**Current Principal Place of Business:**

3637 4TH STREET N.  
SUITE 270  
SAINT PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20102  
SAINT PETERSBURG, FL 33742 US

**New Mailing Address:**

FEI Number: 59-3434299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SAS, CRAIG R  
900 SNELL ISLE BLVD. NE  
ST. PETERSBURG, FL 33704 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: SAS, CRAIG R  
Address: 900 SNELL ISLE BLVD. NE  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: ST ( ) Delete  
Name: SAS, EVA D  
Address: 900 SNELL ISLE BLVD. NE  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: V ( ) Delete  
Name: SAS, TREVOR K  
Address: 11510 JENNY LYNE COURT  
City-St-Zip: TAMPA, FL 33612 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V (X) Change ( ) Addition  
Name: SAS, TREVOR K  
Address: 5425 WOODLEAF DRIVE  
City-St-Zip: CUMMING, GA 30040 US

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: EVA D. SAS

ST

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date