


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90017 040 \*\*\*150.00

**DOCUMENT # F01000000456**  
 1. Entity Name  
**CONSTRUCTION FORMS, INC.**



Principal Place of Business: **777 MARITIME DRIVE PORT WASHINGTON WI 53074-0308**  
 Mailing Address: **PO BOX 308 PORT WASHINGTON WI 53074-0308**

**20030374**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **39-1104344**  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ADLER, DEAN**  
**1060 WINDING WATER CIRLCE**  
**WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KASTELIC, ALAN J	
STREET ADDRESS	777 MARITIME DRIVE	
CITY-ST-ZIP	PORT WASHINGTON WI	
TITLE	CAT	<input type="checkbox"/> Delete
NAME	FINNERAN, WILLIAM B	
STREET ADDRESS	12 EAST 49TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	COONEY, ROBERT	
STREET ADDRESS	963 A BEACHLAND BLVD STE 13	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM	
STREET ADDRESS	445 PARK AVENUE SUITE 1905	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SKAAR, GREGORY L	
STREET ADDRESS	777 MARITIME DR	
CITY-ST-ZIP	PORT WASHINGTON WI 53074	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1211 AVENUE OF THE AMERICAS, 27 TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Gregory L. Skaar, C.F.O.** 4/5/05 262-284-7870  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #