


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000933**

1. Entity Name  
R.A. SMITH & ASSOCIATES, INC.



Principal Place of Business  
16745 W. BLUEMOUND ROAD, SUITE 200  
BROOKFIELD, WI 53005

Mailing Address  
16745 W. BLUEMOUND ROAD, SUITE 200  
BROOKFIELD, WI 53005

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1318572	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000429672  
02/22/06-80015-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD GLOCKA, GEORGE E 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD KENKEL, JEFFREY F P.E. 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD GERSCHKE, GLENN J 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, RICHARD A 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, JOAN M 16745 W. BLUEMOUND ROAD, SUITE 200 BROOKFIELD, WI 53005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Richard A. Smith Richard A. Smith (262) 317-3214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #