


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005495
1. Entity Name
C.D. SMITH CONSTRUCTION, INC.



Principal Place of Business Mailing Address
889 E. JOHNSON STREET 889 E. JOHNSON STREET
FOND DU LAC, WI 54935 FOND DU LAC, WI 54935

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
39-0759260 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-issuing)

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	PD SMITH, GARY M 44 BARRINGTON CT. FOND DU LAC, WI 54935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAKER, TOM J 757 MEADOWBROOK CT. FOND DU LAC, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, PATRICK 923 COUNTRY LN FOND DU LAC, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, ROBERT D 861 COUNTRY CLUB LN FOND DU LAC, WI 54935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTUNE, MIKE 101 CAMELOT DRIVE FOND DU LAC, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MARY L 38 COUNTRY CLUB COURT FOND DU LAC, WI

000000180570
01/14/05-80011-002 150.00

**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)(l), 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: Robert D. Baker Date: 1-10-05 Daytime Phone #: (920)924-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR