

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005495

FILED
Jan 14, 2008
Secretary of State

Entity Name: C.D. SMITH CONSTRUCTION, INC.

Current Principal Place of Business:

889 E. JOHNSON STREET
FOND DU LAC, WI 54935

New Principal Place of Business:

Current Mailing Address:

889 E. JOHNSON STREET
FOND DU LAC, WI 54935

New Mailing Address:

FEI Number: 39-0759260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: SMITH, GARY M
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

Title: VD () Delete
Name: BAKER, TOM J
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

Title: S () Delete
Name: SMITH, PATRICK
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

Title: TD () Delete
Name: BAKER, ROBERT D
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

Title: D () Delete
Name: FORTUNE, MIKE
Address: 101 CAMELOT DRIVE
City-St-Zip: FOND DU LAC, WI 54935

Title: D () Delete
Name: SMITH, MARY L
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT D BAKER

TD

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date