


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003976</b>	
1. Entity Name CSDI CONSTRUCTION, INCORPORATED	

Principal Place of Business 6353 SUPPLY WAY BOISE, ID 83716	Mailing Address 6353 SUPPLY WAY BOISE, ID 83716
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0438912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FELDMANN, ROBERT 5509 ROYAL PARK AVENUE BOISE, ID 83713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, GENE 2715 POLK CALDWELL, ID 83605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTIERI, ALLEN E 11060 BORDEN TOWER DRIVE BOISE, ID 83709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGAN, JEFFREY PO BOX 1824 BOISE, ID 83701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTERS, HERBERT 7600 SPRING DRIVE NAMPA, ID 83687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/16/05-80020-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Robert Feldmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # <u>208-338-5973</u>
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