## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000000029

1320 N 29TH STREET

FORT DODGE, IA 50501

Address: City-St-Zip:

Entity Name: SMITHWAY MOTOR XPRESS, INC

FILED Apr 29, 2005 Secretary of State

y		i Me i eleva i rees, ii ve.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	L AVENUE DGE, IA 50501	US					
Current Mailing Address:			New Mail	New Mailing Address:			
PO BOX 4 FORT DOI	04 DGE, IA 50501	US					
FEI Number:	42-1009113	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired	d ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STE. 506 NORTH M	CAYNE BLVD. IAMI BEACH, FI	_ 331801430 US	number of changing	ita ragiatara	Loffice or registered agent	or both	
	named entity su of Florida.	ibmits this statement for the	purpose of changing	its registered	I office or registered agent,	or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered A	gent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E SMITH, WILLIAM 1129 COLONIAL FORT DODGE, IA	DR.	Title: Name: Address: City-St-Zip:	P OWENS, G. 1161 FOX RI FORT DODG	IDGE ROAD		
Title: Name: Address: City-St-Zip:	V () E OWENS, G. LARI 1161 FOX RIDGE FORT DODGE, IA	ROAD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name:	T () [ SANDVIG, DOUG	Pelete LAS C	Title: Name:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS C. SANDVIG T 04/29/2005