

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005495

FILED
Feb 07, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, GARY M
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

Title: VD
Name: SMITH, JUSTIN
Address: 889 E. JOHNSON STREET
City-St-Zip: FOND DU LAC, WI 54935

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D.BAKER

TREA

02/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date