HOLTON E Form 5 February 09,	, 2005									
FORM	15							OMB A	PPROVAL	
	UNITED S		SECURITIES AND EXCHANGE CO				OMMISSION	OMB Number:	3235-0362	
Check this no longer	subject	W	Washington, D.C. 20549					Expires:	January 31, 2005	
to Section Form 4 or 5 obligatio may conti <i>See</i> Instru	Form ANN ons nue. ction	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							average urs per . 1.0	
StockFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,1(b).Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or SectionReported30(h) of the Investment Company Act of 1940TransactionsReportedReportedSection 17(a)										
1. Name and A HOLTON E	Symbol	2. Issuer Name and Ticker or Trading Symbol CMS ENERGY CORP [CMS]				5. Relationship of Reporting Person(s) to Issuer				
(Last)		3. Statement for Issuer's Fiscal Year Ended				(Check all applicable)				
			(Month/Day/Year) 12/01/2004				_X_ Director 10% Owner Officer (give title Other (specify			
MEIJER, IN NW	NC., 2929 WAL						below)	below)		
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Reporting (check applicable line)			
GRAND RA	APIDS, MI 49	504					_X_ Form Filed by Form Filed by Person	1 0		
(City)	(State)	(Zip) Ta	ble I - Non-Der	ivative Sec	curitie	s Acqu	ired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Amount	(A) or (D)	Price	(Instr. 3 and 4)			
Common Stock (CMS)	Â	Â	Â	Â	Â	Â	13,394	D	Â	
Common Stock (CMS)	Â	Â	Â	Â	Â	Â	1,445	I	By Donnalee Holton Trust	

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	Â	Â	Â	Â	Â	(1)	(<u>1)</u>	Common Stock (CMS)	1,515	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HOLTON EARL D MEIJER, INC. 2929 WALKER, NW GRAND RAPIDS, MI 49504	ÂX	Â	Â	Â		
Signatures						
/s/MDVanHemert, Attny in Fact	02/08/2005					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

These units are considered phantom stock held pursuant to the Directors' Deferred Compensation Plan of CMS Energy Corporation and were acquired on various dates in 2004 at prices ranging from \$8.556 to \$10.327 per share. Such deferred income will be paid in cash in a

(1) were acquired on various dates in 2004 at prices ranging from \$5.550 to \$10.527 per share. Such deferred moone will be paid in easing a supersonal prices of the CMS Common Stock at that time.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of Reporting Person