

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000085

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: NORTHWEST BORING COMPANY, INC.

**Current Principal Place of Business:**

13248 NE 177TH PLACE  
WOODINVILLE, WA 98072

**New Principal Place of Business:**

**Current Mailing Address:**

13248 NE 177TH PLACE  
WOODINVILLE, WA 98072

**New Mailing Address:**

FEI Number: 91-0837191

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: PSTD ( ) Delete  
Name: GONZALES, DONALD W  
Address: 3455 W MERCER WAY  
City-St-Zip: MERCER ISLAND, WA 98040

Title: V ( ) Delete  
Name: MOLVIK, DENNIS  
Address: 1323 NW 201ST  
City-St-Zip: SHORELINE, WA 98177

Title: D ( ) Delete  
Name: MATSON, CHRIS L  
Address: 3502 FREMONT AVENUE NORTH  
City-St-Zip: SEATTLE, WA 98103

**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:

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.

SIGNATURE: DONALD W. GONZALES

PSTD

02/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date