


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P37419		
1. Entity Name COLSON & COLSON GENERAL CONTRACTOR, INC.		

Principal Place of Business P.O. BOX 14111 ATTN: D. COLSON SALEM, OR 97309 US	Mailing Address ATTN: DEBBIE PARSONS P.O. BOX 14111 SALEM, OR 97309 US
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-0969479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	DP COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TIBBOT, GREGORY 2250 MCGILCHRIST ST. SE SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BRENDEN, NORMAN L. 2250 MCGILCHRIST ST. SE SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSO, MAY 1NOPOLI NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORN, BRUCE 2250 MCGILCHRIST ST. SE SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000224015
02/10/05-80067-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: 02/10/05 DAYTIME PHONE #: 503/536-7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR