


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
P.O. BOX 14111 ATTN: DEBBIE PARSONS
ATTN: D. COLSON P.O. BOX 14111
SALEM, OR 97309 US SALEM, OR 97309 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
93-0969479 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

400000412449

02/10/06-80045-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	COLSON, WILLIAM E.
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY-ST-ZIP	SALEM, OR 97302
TITLE	T/D
NAME	TIBBOT, GREGORY
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY-ST-ZIP	SALEM, OR 97302
TITLE	VP/D
NAME	BRENDEN, NORMAN L.
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY-ST-ZIP	SALEM, OR 97302
TITLE	D
NAME	HASSO, MAY
STREET ADDRESS	1NOPOLI
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	S
NAME	THORN, BRUCE
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY-ST-ZIP	SALEM, OR 97302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **1-13-06** **503-370-7071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #