

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 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**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0969479

Applied For
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000591904
01/19/07-80036-011 150.00**

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
HASO, 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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-07

503-370-7071