

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90103 015 \*\*\*150.00



**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

2. Principal Place of Business - No P.O. Box #  
 2250 MCGILCHRIST ST SE  
 Suite, Apt. #, etc.

3. Mailing Address  
 2250 MCGILCHRIST ST  
 Suite, Apt. #, etc.  
 Attn: Suzanne Magle

City State  
 Salem OR

City State  
 Salem OR

Country  
 97309

Country  
 97309

40003200

01042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 % C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

4. FEI Number  
 93-0969479

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D TIBBOT, GREGORY 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D BRENDEN, NORMAN L. 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASSO, MAY 1N0POLI NEWPORT BEACH, CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THORN, BRUCE 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Tibbot, Gregory 2250 MCGILCHRIST ST SE SALEM OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Brenden, Norman L. 2250 MCGILCHRIST ST SE SALEM OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Thorn, Bruce D. 2250 MCGILCHRIST ST SE SALEM OR 97302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Norman L Brenden 1/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #