

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37419

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: COLSON & COLSON GENERAL CONTRACTOR, INC.

**Current Principal Place of Business:**

2260 MCGILCHRIST ST SE  
SALEM, OR 97302 US

**New Principal Place of Business:**

**Current Mailing Address:**

2260 MCGILCHRIST ST SE  
SALEM, OR 97302 US

**New Mailing Address:**

FEI Number: 93-0969479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
% 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: T/D ( ) Delete  
Name: TIBBOT, GREGORY  
Address: 2260 MCGILCHRIST ST SE  
City-St-Zip: SALEM, OR 97302

Title: PD ( ) Delete  
Name: BRENDEN, NORMAN L.,  
Address: 2260 MCGILCHRIST ST SE  
City-St-Zip: SALEM, OR 97302

Title: D ( ) Delete  
Name: HASSO, MAY  
Address: 1NOPOLI  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: S ( ) Delete  
Name: THORN, BRUCE  
Address: 2260 MCGILCHRIST ST SE  
City-St-Zip: SALEM, OR 97302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BRENDEN, NORMAN L.,  
Address: 9310 NE VANCOUVER MALL DRIVE #200  
City-St-Zip: VANCOUVER, WA 98662

Title: D (X) Change ( ) Addition  
Name: HASSO, MAY  
Address: 1 NAPOLI  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: S (X) Change ( ) Addition  
Name: WELLS, JUDEE A  
Address: 9310 NE VANCOUVER MALL DRIVE #200  
City-St-Zip: VANCOUVER, WA 98662

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORMAN L BRENDEN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date