

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005063	
1. Entity Name HOUSTON CONTRACTING COMPANY-ALASKA, LTD. COMPANY	
Principal Place of Business 3900 C ST. STE. 602 ANCHORAGE, AK 99503-5968	Mailing Address 9145 FASSET ST. SW OLYMPIA, WA 98512



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 92-0113047	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00**

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

000000022915
02/02/04-80005-022 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CHRISTIAN, WARREN 3900 C ST. STE. 602 ANCHORAGE, AK 995035968
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP BLASINGAME, WADE A 3900 C ST. STE. 602 ANCHORAGE, AK 995035968
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP KENDALL, ALVY D 9145 FASSETT ST SW OLYMPIA, WA 98512
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WOOD, RANDY 3319 INDUSTRIAL WAY FAIRBANKS, AK 99503
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP EGGER, PATRICK S 3900 C ST. STE. 602 ANCHORAGE, AK 995035968
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BURROWS, DON 3900 C ST. STE. 602 ANCHORAGE, AK 995035968

**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)(i), 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: Alvy D. Kendall *Alvy D. Kendall* 1-25-04 (360) 753-5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #