


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F06000004816

1. Entity Name
VIGEN CONSTRUCTION, INC.



Principal Place of Business
**6720 WOODCREST RD
 GRAND FORKS, ND 58201**

Mailing Address
**PO BOX 6109
 GRAND FORKS, ND 58206-6109**



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0946854 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	D
NAME	VIGEN, CANDACE A
STREET ADDRESS	PO BOX 6109
CITY-ST-ZIP	GRAND FORKS, ND 582066109
TITLE	D
NAME	VIGEN, KIMBERLY D
STREET ADDRESS	PO BOX 6109
CITY-ST-ZIP	GRAND FORKS, ND 582066109
TITLE	P
NAME	VIGEN, ALFRED J
STREET ADDRESS	PO BOX 6109
CITY-ST-ZIP	GRAND FORKS, ND 582066109
TITLE	ST
NAME	VIGEN, JEFFREY T
STREET ADDRESS	PO BOX 6109
CITY-ST-ZIP	GRAND FORKS, ND 582066109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/17/08-80054-020 150.00

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: *Alfred J Vigen* **4/2/08** **218-773-1159**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #