2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03549

CONTRACTORS BONDING AND INSURANCE COMPANY



FILED Jan 26, 2004 8:00 am Secretary of State

01-26-2004 90019 002 ***150.00

			[]	No. of the last	/				
Principal Place of Susiness Mailing Address					_				
1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109		1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109				88/88 H/87 B/H/ B/H/B II	I/I 3)B/I DIB)I DIB	IS BLBII BIBII 310	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numbe 91-108			<u> </u>	oplied For
Zip	Country	Zip	Zip Country			of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current R					7. Name and	Address of New	Registered A	gent	
CHIEF FINANCIAL OFFICER				-Name					
<i>i</i>	6200 (32314-6200)	Street Addres		s (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32399-0000						•		
			City			FL	Zip Cod		
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered	office or regis	stered agent, or bot	h, in the State of Fl	lorida. I am f	amiliar with,	and accept
the builgations 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 NOWILL FEE IS \$150.00 9. Election Campaign After May 1, 2004 Fee will be \$550.00 Trust Fund Contribu			n Financir bution.		\$5.00 May Be Added to Fees		e asses segrett		
10.7	OFFICERS AND DIRECTORS				ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	V	☐ Delete	TITLE					Change	☐ Addition
MAME STREET ADDRESS	BYERS, LARRY 34468 8TH AVE SW		NAME	ADDRESS		•			
CITY-ST-ZIP	FEDERAL WAY, WA 98023		CITY-ST						
TITLE	CD	☐ Delete T			4/4/4			Change	Addition
NAME	SIRKIN, DONALD		NAME				•		_
STREET ADDRESS CITY-ST-ZIP	4735 WEST BERTONA SEATTLE, WA		STREET A	ADDRESS .					
TITLE	 	Delete	-TITLE.		ر دی بیود د میدهی در دید			K) Change	☐ Addition
NAME .	ELAND, R KIRK		NAME					, on any	
STREET ADDRESS CITY-ST-ZIP	4524 E LAUREL DR. NE SEATTLE, WA 98105	-	STREET #	I	39 Magnolia				
TITLE	PD	☐ Delete	TITLE	Sea	attle, WA	98199		[] Change	
NAME	GAINES, STEVEN A.	C Defete	NAME					Change	☐ Addition
STREET ADDRESS	1301 SPRING ST., #28J		STREET A	}					
CITY-ST-ZIP	SEATTLE, WA 98104		CITY-ST	- ZIP					
TITLE NAME	T OGLE, ROBERT M	☐ Delete	TITLE NAME		<u>-</u>			Change :	Addition
STREET ADDRESS	28621 60TH CT SOUTH	الربطالطيط والربية الفرادي . الربطالطيط والربية	- 1	ADDRESS			₹ , <u></u> .		
CITY-ST-ZIP	AUBURN, WA: 98001	<u> </u>	CITY-ST	!	4,51,78				
TITLE NAME	ರ್ಷನ್ ಕೆಫ್ ಜಿಫ್ ಕಪ್ರಕ್ರಿಗೆ -	Delete Delete	TITLE	I				Change	☐ Addition
STREET ADDRESS	**************************************	المستوفي في المستوفي والمستوفي والموادي الموادي الموا	- NAME - STREET A	\DDRESS					
CITY-ST-ZIP			CITY-ST						

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Kirk Eland

01/21.04 Date

(206)628-7200

Daytime Phone #