


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03549</b> 1. Entity Name <b>CONTRACTORS BONDING AND INSURANCE COMPANY</b>	
--	---

Principal Place of Business <b>1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109</b>	Mailing Address <b>1213 VALLEY STREET PO BOX 9271, QUEEN ANNE STATION SEATTLE, WA 98109</b>
--	--



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-1082952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000660318 03/20/07-80020-001 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYERS, LARRY 34468 8TH AVE SW FEDERAL WAY, WA 98023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIRKIN, DONALD 4735 WEST BERTONA SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELAND, R KIRK 3439 MAGNOLIA BLVD. W SEATTLE, WA 98199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OGLE, ROBERT M 28621 60TH CT SOUTH AUBURN, WA 98001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_ **02/12/07 20662872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #