

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36953

FILED
Feb 10, 2005
Secretary of State

Entity Name: VARSITY CONTRACTORS, INC.

Current Principal Place of Business:

315 S. 5TH AVENUE
POCATELLO, ID 83201 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1692
POCATELLO, ID 832041692 US

New Mailing Address:

FEI Number: 82-0292413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: C () Delete
Name: ASLETT, DONALD A.,
Address: MERRILL ROAD
City-St-Zip: MCCAMMON, ID

Title: DP () Delete
Name: LUKE, ARLO D.,
Address: 2023 SATTERFIELD DR.
City-St-Zip: POCATELLO, ID

Title: DV () Delete
Name: BROWNING, MARK L.,
Address: 1916 NW 8TH STREET
City-St-Zip: MERIDIAN, ID

Title: ST () Delete
Name: HERMANSEN, DAVID N.,
Address: 1945 ARDELLA
City-St-Zip: POCATELLO, ID

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID N HERMANSEN

ST

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date