2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36953

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Nan	ne: VARSITY	CONTRACTORS, INC.			•	
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
315 S. 5TH POCATELL	AVENUE LO, ID 83201	US				
Current Ma	ailing Address	s:	New Maili	New Mailing Address:		
P.O. BOX 1 POCATELL	1692 ₋ O, ID 8320416	692 US				
FEI Number:	82-0292413	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
155 OFFIC	RED AGENT SO E PLAZA DR., SSEE, FL 3230					
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered of	ffice or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agen	t	Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	C () ASLETT, DONAL MERRILL ROAD MCCAMMON, ID		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DP () LUKE, ARLO D., 2023 SATTERFI POCATELLO, ID	ELD DR.	Title: Name: Address: City-St-Zip:	DP (X) BROWNING, MA 1916 NW 8TH A MERIDIAN, ID 4	VE .	
Title: Name: Address: City-St-Zip:	DV () BROWNING, MA 1916 NW 8TH S' MERIDIAN, ID 8	TREET	Title: Name: Address: City-St-Zip:	S (X) LONG, NATE, 1405 KELLY CO POCATELLO, IE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

DT

HERMANSEN, DAVID N.,

POCATELLO, ID 83204

2860 WILD HORSE RIDGE

(X) Change () Addition

SIGNATURE: DAVID N HERMANSEN TRES 04/30/2008

() Delete

HERMANSEN, DAVID N.,

POCATELLO, ID 83201

1945 ARDELLA