


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F92000000631  
 1. Entity Name  
 HOLMAN CONTRACT WAREHOUSING, INC.



Principal Place of Business: 2300 SE BETA STREET MILWAUKIE, OR 97222  
 Mailing Address: 2300 SE BETA STREET MILWAUKIE, OR 97222

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 93-1027669 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PORTER, NEIL  
 600 WHITTAKER RD  
 JACKSONVILLE, FL 32218

**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, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DOWNIE, ROBERT JR
STREET ADDRESS	12821 N.E. 61ST AVE.
CITY - ST - ZIP	KIRKLAND, WA 98033
TITLE	DST
NAME	HARRINGTON, ROBERT
STREET ADDRESS	7950 SW NORTHVALE WAY
CITY - ST - ZIP	PORTLAND, OR 97225
TITLE	VD
NAME	GEORGE, PETER
STREET ADDRESS	4445 KENTHORPE WAY
CITY - ST - ZIP	WEST LINN, OR 97068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1400001175690  
 01/10/05-80059-019 150.00  
**DO NOT WRITE IN THIS SPACE**

12. I hereby 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: Robert B. Harrington Robert B. Harrington 1/6/05 503-652-1912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #