



\$45.00

STATE OF COLORADO
BIENNIAL REPORT OF
A CORPORATION OR LIMITED LIABILITY COMPANY

007

FEE \$

ON OR BEFORE

DATE DUE

1-30-2000

REPORT YEAR 1999

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING
SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP 19871291696 DPC STATE/COUNTRY OF INC CO JACKSON DAVID C CENTURY CONTRACTORS, INCORPORATED 5575 S SYCAMORE ST, #200 LITTLETON CO 80120		FOR OFFICE USE ONLY 19991232008 C \$ 60.00 SECRETARY OF STATE 12-13-1999 09:01:25 FIRST REPORT OR CORRECTIONS IN THIS COLUMN	
Return completed reports to: Department of State Corporate Report Section 1560 Broadway, Suite 200 Denver, CO 80202		TYPE NEW AGENT NAME	
		SIGNATURE OF NEW REGISTERED AGENT	
1947 S. Wadsworth Blvd., PMB #403 Lakewood, CO 80227		MUST HAVE A STREET ADDRESS	
		CITY STATE ZIP Lakewood, CO 80227	
OFFICERS NAME AND ADDRESS JACKSON DAVID C 4901 S AMMONS ST 7A LITTLETON CO 80123		TITLE FT David C. Jackson 1846 S. Marshall Ci. Lakewood, CO 80232	
BRADY ROSEANN 5823 S DRY CREEK CR LITTLETON CO 80121		VS	

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS JACKSON DAVID C 4901 S AMMONS ST 7A LITTLETON CO 80123		(If you have less than 3 shareholders, you may list less than 3 directors) David C. Jackson 1846 S. Marshall Ci. Lakewood, CO 80232	
BRADY ROSEANN 5823 S DRY CREEK CR LITTLETON CO 80121			

Address of Principal Place of Business

Street 1947 S. Wadsworth Blvd, PMB #403

City Lakewood

State CO

Zip 80227

SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY David C. Jackson

Authorized Agent

TITLE President

DATE 13 Dec., 19 99



NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK

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