

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P37351

1. Entity Name
CLASSIC RETIREMENT CORP.



Principal Place of Business
**ATTN: DEBBIE PARSONS
2250 MCGILCHRIST ST SE
SALEM, OR 97309**

Mailing Address
**ATTN: DEBBIE PARSONS
P.O. BOX 14111
SALEM, OR 97309**



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0169627

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 P
NAME COLSON, WILLIAM E
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM, OR

TITLE V
NAME BATY, DANIEL R
STREET ADDRESS 2105 N. 30TH STREET
CITY-ST-ZIP TACOMA, WA

TITLE S
NAME COLSON, BARTON G
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM, OR

TITLE T
NAME BRENDEN, NORMAN L
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM, OR

TITLE D
NAME COLSON, WILLIAM E
STREET ADDRESS 2250 MCGILCHRIST ST. SE
CITY-ST-ZIP SALEM, OR

TITLE D
NAME BRENDEN, NORMAN L
STREET ADDRESS 2250 MCGILCHRIST ST SE
CITY-ST-ZIP SALEM, OR 97302

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03/01/05-80002-005 300.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

503/566-7209

Daytime Phone #