

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 012 ***150.00

DOCUMENT # F93000002583

1. Entity Name
E. KENT HALVORSON, INC.



Principal Place of Business
**9840 WILLOWS ROAD
SUITE 200
REDMOND, WA 98052 US**

Mailing Address
**9840 WILLOWS RD. N.E.
200
REDMOND, WA 98052 US**

40040813



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1278481

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
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HALVORSON, E. KENT
9840 WILLOWS ROAD NE, SUITE #200
REDMOND, WA 98052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HALVORSON, SUSAN J
9840 WILLOWS ROAD NE, SUITE #200
REDMOND, WA 98052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
QUINN, MICHAEL L
9840 WILLOWS ROAD NE, SUITE #200
REDMOND, WA 98052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **E. Kent Halvorson** **3-21-06** **425-885-1983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #