

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90013 008 \*\*\*150.00

DOCUMENT # F95000002721

1. Entity Name  
CHEYENNE INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 12188  
SALEM, OR 97309

Mailing Address

ATTN: DELLANE COLSON  
P.O. BOX 14111  
SALEM, OR 97309



2. Principal Place of Business

2250 McGilchrist St SE  
Suite, Apt. #, etc.  
ATTN: Debbie Parsons

3. Mailing Address

ATTN: Debbie Parsons  
P.O. Box 14111  
City & State  
Salem OR

01052004

Chg-P

CR2E034 (10/03)

City & State

Salem OR

City & State

Salem OR

4. FEI Number

93-1168201

Applied For

Not Applicable

Zip

97309

Country

USA

Zip

97309

Country

USA

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 ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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 ☐ Delete  
NAME COLSON, WILLIAM E  
STREET ADDRESS 2250 MCGILCREST ST SE #200  
CITY-ST-ZIP SALEM, OR 97309

TITLE CV ☐ Delete  
NAME COLSON, BARTON G  
STREET ADDRESS 2250 MCGILCREST ST SE #200  
CITY-ST-ZIP SALEM, OR 97309

TITLE S ☐ Delete  
NAME THORN, BRUCE D  
STREET ADDRESS 2250 MCGILCREST ST SE #200  
CITY-ST-ZIP SALEM, OR 97309

TITLE T ☐ Delete  
NAME BRENDEN, NORMAN L  
STREET ADDRESS 2250 MCGILCREST ST SE #200  
CITY-ST-ZIP SALEM, OR 97309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

1-9-04 503/370-7071 x7209