

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P28736**

1. Entity Name  
**HOLIDAY RETIREMENT CORP.**



Principal Place of Business

**P.O. BOX 14111  
SALEM, OR 97309 US**

Mailing Address

**PO BOX 14111  
ATTN: DEBBIE PARSONS  
SALEM, OR 97309 US**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**93-0937196**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION  
1200 S. PINE ISLAND RD.  
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

**U00000263077  
03/14/05-80081-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLSON, WILLIAM E.
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY - ST - ZIP	SALEM, OR
TITLE	D
NAME	COLSON, BARTON
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY - ST - ZIP	SALEM, OR 97302
TITLE	SD
NAME	BRUCE D THORN
STREET ADDRESS	2250 MCGILCHRIST ST. SE
CITY - ST - ZIP	SALEM, OR 97302
TITLE	D
NAME	HUDDART, JAMES L.
STREET ADDRESS	3276 COMMERCIALM ST.
CITY - ST - ZIP	SALEM, OR
TITLE	D
NAME	BATY, DANIEL R.
STREET ADDRESS	2105 N. 30TH STREET
CITY - ST - ZIP	TACOMA, WA
TITLE	VP/D
NAME	AKREWI, SAMI T
STREET ADDRESS	6363 CHRISTIE AVE., #2207
CITY - ST - ZIP	EMERYVILLE, CA 94608

**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

Date

Daytime Phone #