


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 020 ***150.00

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
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50001307



2. Principal Place of Business - No P.O. Box # 600 University St	3. Mailing Address 600 University St
Suite, Apt., #, etc. Suite 2500	Suite, Apt., #, etc. Suite 2500
City & State Seattle WA	City & State Seattle WA
Zip 98101	Country US

04102007 Chg-P CR2E034 (12/06)

4. FEI Number 93-0937196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND RD. 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM, OR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 University St Ste 2500 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, BARTON 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 University St Ste 2500 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BRUCE D THORN 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 University St Ste 2500 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUDDART, JAMES L. 3276 COMMERCIALM ST. SALEM, OR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 University St Ste 2500 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATY, DANIEL R. 2105 N. 30TH STREET TACOMA, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3131 Elliott Ave Ste 500 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUIWKER, MARK J <input checked="" type="checkbox"/> Delete 2250 MCGILCHRIST ST SE SALEM, OR 97302	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/17/07** **503/586 7308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #