

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 036 ***150.00

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

40123565



2. Principal Place of Business - No P.O. Box #

2260 McGilchrist St SE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14111
Suite, Apt. #, etc.
Attn: Mary Casqueiro
City & State

07062007 Chg-P CR2E034 (12/06)

City & State

Zip

Country

City & State

Zip

Country

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

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 University St., Suite 2500
CITY-ST-ZIP Seattle WA 98101

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2260 McGilchrist St. SE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2260 McGilchrist St. SE
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2260 McGilchrist St. SE
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman L. Brenden 7-6-07