


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 006 ***150.00

DOCUMENT # 592142
 1. Entity Name
FLEETWOOD HOLIDAYS, INC.



Principal Place of Business C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US	Mailing Address C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3406951	Applied For 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 SYSTEM
 1200 S. PINE ISLAND ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PLOWMAN, BOYD R 3125 MYERS ST RIVERSIDE, CA 925137638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THEOBALD, FORREST D 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS LARKIN, LYLE N. 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAUDILL, EDWARD B 3125 MYERS ST RIVERSIDE, CA 925137638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: LYLE N. LARKIN *[Signature]* 1/13/05 (951) 351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40004539

FLEETWOOD HOLIDAYS INC.

592142

OFFICERS & DIRECTORS

Edward B. Caudill
Boyd R. Plowman
Forrest D. Theobald
Lyle N. Larkin

President & Chief Executive Officer
Executive Vice President – Chief Financial Officer
Sr. Vice President - General Counsel and Secretary
Vice President - Treasurer and Assistant Secretary

DIRECTORS:

Edward B. Caudill
Boyd R. Plowman
Forrest D. Theobald
Lyle N. Larkin

ALL CORRESPONDENCE DIRECTED TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638
RIVERSIDE, CA 92513-7628

11/17/03