


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90414 004 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 592142 1. Entity Name FLEETWOOD HOLIDAYS, INC.	
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40089313

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address C/O FLEETWOOD ENTERPRISES, INC. ATTN: TAX DEPT, P.O. BOX 7638 Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State RIVERSIDE, CA 92513-7638 Zip Country
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4. FEI Number 95-3406951	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
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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
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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: LYLE N. LARKIN		4/20/07 951-351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT 40089313

#592142

FLEETWOOD HOLIDAYS INC.

OFFICERS & DIRECTORS

Elden L. Smith
Boyd R. Plowman
Leonard J. McGill
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:

Elden L. Smith
Boyd R. Plowman
Leonard J. McGill
Lyle N. Larkin

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

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

4/25/05