


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 034 \*\*\*150.00

**DOCUMENT # H24749**  
 1. Entity Name  
**FLEETWOOD FUNDING CORPORATION**



Principal Place of Business      Mailing Address  
**499 N.W. 70TH AVE.**      **499 N.W. 70TH AVE.**  
~~140~~      **118**  
**PLANTATION FL 33317**      **PLANTATION FL 33317**  
**US**      **US**

**24011917**



MOORE      CR2E034 (11/03)

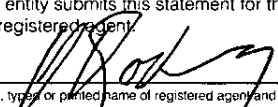
2. Principal Place of Business      3. Mailing Address  
**11593 South Breeze Pl**      Suite, Apt. #, etc.

City & State      City & State  
**Wellington FL**      City & State  
 Zip      Country      Zip      Country  
**33467**      **USA**

4. FEI Number      Applied For  
**59-2454794**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOSBERG, HARVEY**  
~~**7930 N.W. 6TH CT.**~~  
~~**PLANTATION FL 33324**~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11593 South Breeze Pl.**  
 City      State      Zip Code  
**Wellington**      **FL**      **33467**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PST <input type="checkbox"/> Delete	NAME KOSBERG, HARVEY STREET ADDRESS <del>499 NW 70TH AVE. #118</del> CITY-ST-ZIP <del>PLANTATION FL 33317</del>
TITLE D <input type="checkbox"/> Delete	NAME KOSBERG, HARVEY STREET ADDRESS <del>499 NW 70TH AVE. #118</del> CITY-ST-ZIP <del>PLANTATION FL 33317</del>
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>11593 South Breeze Pl.</b> STREET ADDRESS <b>Wellington, FL 33467</b> CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>11593 South Breeze Pl.</b> STREET ADDRESS <b>Wellington, FL 33467</b> CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **Harvey Kosberg**      Date: **2/13/04**      Daytime Phone #: **(561) 992-9311**