


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000063993

1. Entity Name
FLEETWOOD CONSTRUCTION COMPANY, INCORPORATED



Principal Place of Business Mailing Address

1663 S. CONGRESS AVENUE 1663 S. CONGRESS AVENUE
 WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33406 US

DO NOT WRITE IN THIS SPACE



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 55-0836461 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S
 1177 S.E. 3RD AVENUE
 FORT LAUDERDALE, FL 33316

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	PTD
NAME	WEXLER, GREGG R
STREET ADDRESS	7880 TALAVERA PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VTD
NAME	WEXLER, LINDA S
STREET ADDRESS	7880 TALAVERA PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000371588
 07/08/05-80008-022 158.75

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: _____ Date: 7/5/05 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR