

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032284

FILED
Feb 20, 2009
Secretary of State

Entity Name: FLEETWOOD RETAIL CORP. OF FLORIDA

Current Principal Place of Business:

C/O FLEETWOOD ENTERPRISES-TAX DEPT.
3125 MYERS STREET
RIVERSIDE, CA 925137638

New Principal Place of Business:

Current Mailing Address:

C/O FLEETWOOD ENTERPRISES-TAX DEPT.
3125 MYERS STREET, PO BOX 7638
RIVERSIDE, CA 925137638

New Mailing Address:

FEI Number: 58-2389936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, ELDEN L
Address: 3125 MYERS ST., PO BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

Title: S () Delete
Name: MCGILL, LEONARD J
Address: 3125 MYERS ST., PO BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

Title: D () Delete
Name: PLOWMAN, BOYD R
Address: 3125 MYERS ST., P.O. BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

Title: TAS () Delete
Name: LARKIN, LYLE N
Address: 3125 MYERS ST., P.O. BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TAS (X) Change () Addition
Name: GRIFFITHS, ANDREW
Address: 3125 MYERS ST., PO BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

Title: D (X) Change () Addition
Name: SMITH, JAMES F
Address: 3125 MYERS ST., PO BOX 7638
City-St-Zip: RIVERSIDE, CA 925137638

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M GRIFFITHS

TAS

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date