


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90026 043 \*\*\*150.00

|  |   |                                       |  |   |  |
|--|---|---------------------------------------|--|---|--|
| <b>DOCUMENT # 279947</b><br>1. Entity Name<br><b>PALM HARBOR HOMES, INC.</b>   |   |                                       |  |  |  |
| Principal Place of Business<br><b>15303 DALLAS PARKWAY<br/>SUITE 800<br/>ADDISON TX 75001</b>  |   |                                       | Mailing Address<br><b>15303 DALLAS PARKWAY<br/>SUITE 800<br/>ADDISON TX 75001</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |   |                                       | City & State   |   |  |
| Zip  |   | Country                               |  | 4. FEI Number <b>59-1036634</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b> |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |   |                                       | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                                       |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>C</b><br><b>POSEY, LEE</b><br><b>17427 CLUB HILL DRIVE</b><br><b>DALLAS TX 75248</b> <input type="checkbox"/> Delete           |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PCEO</b><br><b>KEENER, LARRY</b><br><b>1804 KINGS ISLE</b><br><b>PLANO TX 75093</b> <input type="checkbox"/> Delete            |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>RUSSELL, RALPH</b><br><b>3805 BRAEWOOD CIRCLE</b><br><b>PLANO TX 75093</b> <input type="checkbox"/> Delete        |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SCFO</b><br><b>TACKE, KELLY</b><br><b>4943 SANDESTIN</b><br><b>DALLAS TX 75287</b> <input type="checkbox"/> Delete             |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MEYER, FREDERICK</b><br><b>2121 SAN JACINTO, STE 895</b><br><b>DALLAS TX 75201</b> <input type="checkbox"/> Delete |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>THOMAS, WILLIAM R</b><br><b>7418 OVERDALE DRIVE</b><br><b>DALLAS TX 75240</b> <input type="checkbox"/> Delete      |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <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. |   |                                       |  |   |  |
| <b>SIGNATURE: <i>Kelly Tacke</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                       | <b>03/02/04</b> <b>972-991-2422</b><br><small>Date Daytime Phone #</small>   |   |  |