


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90010 050 ***150.00

| | |
|---|---|
| DOCUMENT # 356090 |  |
| 1. Entity Name FLEETWOOD HOMES OF FLORIDA, INC. | |

| | |
|--|--|
| Principal Place of Business C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 92513-7638 US | Mailing Address C/O FLEETWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 92513-7638 US |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01092004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-1295435 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 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 | |

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 re-registering) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTAS LARKIN, LYLE N. 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOD WILKINSON, CHARLES A 3125 MYERS STREET RIVERSIDE, CA 92513 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD THEOBALD, FORREST D 3125 MYERS ST. BOX 7638 RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOD FLOWMAN, BOYD R 3125 MYER ST RIVERSIDE, CA 925137638 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JPD CAUDILL, EDWARD B 3125 MYER ST RIVERSIDE, CA 92513 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAUDILL, EDWARD B 3125 MYERS ST RIVERSIDE, CA 92513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **LYLE N. LARKIN** *1/19/04* (909) 351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

FLEETWOOD HOMES OF FLORIDA, INC.
OFFICERS AND DIRECTORS OF
MANUFACTURED HOUSING SUBSIDIARIES OF
FLEETWOOD ENTERPRISES, INC.

#356090

54000757

Edward B. Caudill
Boyd R. Plowman

Forrest D. Theobald

Roger L. Howsmon
Ron Brewer
Lyle N. Larkin

President & Chief Executive Officer
Executive Vice President & Chief Financial Officer
and Assistant Secretary
Sr. Vice President - General Counsel and
Secretary
Sr. Vice President
Vice President - Housing Operations
Vice President - Treasurer and Asst. Secretary

DIRECTORS:

Edward B. Caudill
Boyd R. Plowman
Forrest D. Theobald
Lyle N. Larkin

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

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

11/17/03