

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 582308

1. Entity Name
FLEETWOOD HOMES, INC.



Principal Place of Business
**P. O. BOX 5084
HUDSON, FL 34667**

Mailing Address
**P. O. BOX 5084
HUDSON, FL 34667**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'NEAL, JEFFREY M.
7800 DUCK POND COURT
HUDSON, FL 33568**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	O'NEAL, JEFFREY M.
STREET ADDRESS	7800 DUCK POND COURT
CITY-ST-ZIP	HUDSON, FL

TITLE	DS
NAME	O'NEAL, MARGE A.
STREET ADDRESS	7800 DUCK POND COURT
CITY-ST-ZIP	HUDSON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000387961
01/19/06-80060-013 150.00
**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

7278631940

Daytime Phone #