


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90034 006 \*\*\*150.00

<b>DOCUMENT # 592142</b> 1. Entity Name <b>FLEETWOOD HOLIDAYS, INC.</b>	
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Principal Place of Business <b>C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US</b>	Mailing Address <b>C/O FLEEWOOD ENTERPRISES INC 3125 MYERS ST, PO BOX 7638 RIVERSIDE, CA 42513-7638 US</b>
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**40004539**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>95-3406951</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO PLOWMAN, BOYD R 3125 MYERS ST RIVERSIDE, CA 925137638</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD THEOBALD, FORREST D 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VTAS LARKIN, LYLE N. 3125 MYERS ST, BOX 7638 RIVERSIDE, CA 925137638</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CAUDILL, EDWARD B 3125 MYERS ST RIVERSIDE, CA 925137638</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:** LYLE N. LARKIN  1/13/05 (951) 351-3797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40004539

FLEETWOOD HOLIDAYS INC.

# 592142

## OFFICERS & DIRECTORS

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

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

### DIRECTORS:

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

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

P. O. BOX 7638  
RIVERSIDE, CA 92513-7628

11/17/03