


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90008 004 \*\*\*150.00

<b>DOCUMENT # 592142</b> 1. Entity Name <b>FLEETWOOD HOLIDAYS, INC.</b>					
Principal Place of Business <b>C/O FLEEWOOD ENTERPRISES INC</b> <b>3125 MYERS ST, PO BOX 7638</b> <b>RIVERSIDE, CA 42513-7638 US</b>			Mailing Address <b>C/O FLEEWOOD ENTERPRISES INC</b> <b>3125 MYERS ST, PO BOX 7638</b> <b>RIVERSIDE, CA 42513-7638 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <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> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>PLOWMAN, BOYD R</b> <b>3125 MYERS ST</b> <b>RIVERSIDE, CA 925137638</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/DIRECTOR</b> <b>LEONARD J. MCGILL</b> <b>3125 MYERS STREET</b> <b>RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>THEOBALD, FORREST D</b> <b>3125 MYERS ST, BOX 7638</b> <b>RIVERSIDE, CA 925137638</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/CEO/DIRECTOR</b> <b>ELDEN L. SMITH</b> <b>3125 MYERS STREET</b> <b>RIVERSIDE CA 92513-7638</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTAS</b> <b>LARKIN, LYLE N.</b> <b>3125 MYERS ST, BOX 7638</b> <b>RIVERSIDE, CA 925137638</b> <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	<b>P</b> <b>CAUDILL, EDWARD B</b> <b>3125 MYERS ST</b> <b>RIVERSIDE, CA 925137638</b> <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	<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	<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 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: LYLE N. LARKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/14/06*  
Date

**951-351-3797**

Daytime Phone #

ATTACHMENT

20646397  
#592142

FLEETWOOD HOLIDAYS INC.

OFFICERS & DIRECTORS

Elden L. Smith  
Boyd R. Plowman  
Leonard J. McGill  
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:

Elden L. Smith  
Boyd R. Plowman  
Leonard J. McGill  
Lyle N. Larkin

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

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

4/25/05