2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592142

Entity Name: FLEETWOOD HOLIDAYS, INC.

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3125 MYERS STREET 3125 MYERS STREET

PO BOX 7638 RIVERSIDE, CA 92503 US RIVERSIDE, CA 92513

New Mailing Address: Current Mailing Address:

C/O FLEEWOOD ENTERPRISES INC P.O. BOX 7638 ATTN: TAX DEPT ATT: TAX DEPT, P.O. BOX 7638

RIVERSIDE, CA 925137638 US RIVERSIDE, CA 925137638 US

FEI Number: 95-3406951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

3125 MYERS ST

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFOD () Delete Title: CFO (X) Change () Addition PLOWMAN, BOYD R Name: Name: ELDEN, SMITH L

3125 MYERS ST 3125 MYERS ST Address: Address: City-St-Zip: RIVERSIDE, CA 92503 City-St-Zip: RIVERSIDE, CA 92503

VPTD Title: CFO Title: () Delete (X) Change () Addition Name: LARKIN, LYLE N., Name: ANDREW, GRIFFITHS M

3125 MYERS ST 3125 MYERS ST Address: Address: RIVERSIDE, CA 92503 RIVERSIDE, CA 92503 City-St-Zip: City-St-Zip:

Title: () Delete (X) Change () Addition SD Title: SEC

MCGILL, LEONARD J MCGILL, LEONARD J Name: Name: 3125 MYERS ST 3125 MYERS ST Address: Address:

City-St-Zip: RIVERSIDE, CA 925137638 City-St-Zip: RIVERSIDE, CA 925137638

Title: **PCEO** (X) Delete Title: () Change () Addition SMITH, ELDEN L

Name: Address: RIVERSIDE, CA 925137638 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. GRIFFITHS CFO 03/03/2009