


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90018 033 ***550.00

DOCUMENT # F99000005942	
1. Entity Name NATIONAL R.V., INC.	

Principal Place of Business 3411 N. PERRIS BLVD. PERRIS, CA 92571	Mailing Address 3411 N. PERRIS BLVD. PERRIS, CA 92571
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24076268

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



03042003 Chg-P CR2E034 (10/03)

4. FEI Number
33-0835022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President, Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERTES, WAYNE M			NAME	Brad Albrechtsen		
STREET ADDRESS	3411 N. PERRIS BLVD.			STREET ADDRESS	3411 N. Perris Blvd		
CITY-ST-ZIP	PERRIS, CA 92571			CITY-ST-ZIP	Perris CA 92571		
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, MARK			NAME			
STREET ADDRESS	3411 N. PERRIS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PERRIS, CA 92571			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRECHTEEN, BRAD			NAME	Richard Strong		
STREET ADDRESS	3411 N. PERRIS BLVD.			STREET ADDRESS	3411 N. Perris Blvd		
CITY-ST-ZIP	PERRIS, CA 92571			CITY-ST-ZIP	Perris CA 92571		
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRONG, RICHARD			NAME			
STREET ADDRESS	3411 N. PARRIS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PERRIS, CA 92571			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, MARK			NAME			
STREET ADDRESS	3411 N. PARRIS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PERRIS, CA 92571			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Richard D. Strong Richard D. Strong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04 909-943-6007
Date Daytime Phone #