
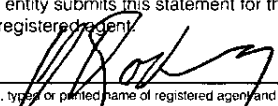
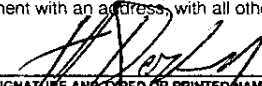


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90018 034 ***150.00

DOCUMENT # H24749 1. Entity Name FLEETWOOD FUNDING CORPORATION			
Principal Place of Business 499 N.W. 70TH AVE. PLANTATION FL 33317 US		Mailing Address 499 N.W. 70TH AVE. 118 PLANTATION FL 33317 US	
2. Principal Place of Business 11593 South Breeze Pl		3. Mailing Address Suite, Apt. #, etc.	
City & State Wellington FL		City & State Suite, Apt. #, etc.	
Zip 33467		Country USA	
4. FEI Number 59-2454794		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSBERG, HARVEY 7930 N.W. 6TH CT. PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11593 South Breeze Pl. City Wellington FL Zip Code 33467	
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			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST <input type="checkbox"/> Delete NAME KOSBERG, HARVEY STREET ADDRESS 499 NW 70TH AVE. #118 CITY-ST-ZIP PLANTATION FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11593 South Breeze Pl. Wellington, FL 33467		
TITLE D <input type="checkbox"/> Delete NAME KOSBERG, HARVEY STREET ADDRESS 499 NW 70TH AVE. #118 CITY-ST-ZIP PLANTATION FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11593 South Breeze Pl. Wellington, FL 33467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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:  Harvey Kosberg 2/13/04 (5d) 792.9311 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

24011917



MOORE CR2E034 (11/03)