## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000097900

FILED Jul 09, 2004 Secretary of State

Entity Name: LONG VIEW MOTORHOMES, INC.						
Current Principal Place of Business:			New	New Principal Place of Business:		
3230 US HIGHWAY 441-227 FRUITLAND PARK, FL 33480						
Current Mailing Address:			New	New Mailing Address:		
4 WEST STREET WEST HATFIELD, MA 01088						
FEI Number:	59-3750031	FEI Number Applied For ( )	FEI Number No	ot Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
O'LEARY, MARK 3215 SOUTH FRANKLIN TERRACE INVERNESS, FL 34450 US			84 97	HAYES, MARK 84 97 SOUTHEAST 177TH BARTRAM LOOP THE VILLAGES, FL 321624853 US		
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: MARK HAYES				07/09/2004		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () ROBERTS, FRA GREEN GABLES SHELBURNE, M	S RFD #1	Title: Name: Addres City-S	ss:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () ROBERTS, SHIF GREEN GABLES SHELBURNE, M	S RFD #1	Title: Name: Addres City-S	ss:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () ROBERTS, FRA 170 WELLS RD. EAST WINDSOF		Title: Name: Addres City-S	ss:	) Change ()Addition	
Title: Name:	D () ROBERTS, JACO	Delete QUELINE M	Title: Name:	•	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: SHIRLEY A ROBERTS TD 07/09/2004

900 WEST BITNER ROAD

PARK CITY, UT 84098

Address:

City-St-Zip: