

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097900

Entity Name: LONG VIEW MOTORHOMES, INC.

FILED
Mar 19, 2005
Secretary of State

Current Principal Place of Business:

3230 US HIGHWAY 441-227
FRUITLAND PARK, FL 33480

New Principal Place of Business:

Current Mailing Address:

4 WEST STREET
WEST HATFIELD, MA 01088

New Mailing Address:

FEI Number: 59-3750031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, MARK
84 97 SOUTHEAST 177TH BARTRAM LOOP
THE VILLAGES, FL 321624853 US

Name and Address of New Registered Agent:

ROBERTS, SHIRLEY A
4811 MCINTOSH RD
DOVER, FL 33527 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: SHIRLEY A ROBERTS

03/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, FRANCIS J
Address: GREEN GABLES RFD #1
City-St-Zip: SHELBURNE, MA 01370

Title: TD () Delete
Name: ROBERTS, SHIRLEY A
Address: GREEN GABLES RFD #1
City-St-Zip: SHELBURNE, MA 01370

Title: DV () Delete
Name: ROBERTS, FRANK J
Address: 170 WELLS RD.
City-St-Zip: EAST WINDSOR, CT 06088

Title: D () Delete
Name: ROBERTS, JACQUELINE M
Address: 900 WEST BITNER ROAD
City-St-Zip: PARK CITY, UT 84098

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, FRANCIS J
Address: 4811 MCINTOSH RD
City-St-Zip: DOVER, FL 33527

Title: TD (X) Change () Addition
Name: ROBERTS, SHIRLEY A
Address: 4811 MCINSTOSH RD
City-St-Zip: DOVER, FL 33527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHIRLEY A ROBERTS

TD

03/19/2005

Electronic Signature of Signing Officer or Director

Date