## 2005 FOR PROFIT CORPORATION

**FILED** Iul 08. 2005 08:00 AM

ANNU	AL REPURI		Jul 00, 2005 00:00 A
DOCUMENT # P03000  1. Entity Name FLEETWOOD CONSTRUCTION INCORPORATED			Secretary of State
Principal Place of Business	Mailing Address 1663 S. CONGRESS AVENUE WEST PALM BEACH, FL 3340	-·	###
DO NOT WRI	TE IN THIS SPA	070220 4. FEI N	umber Applied For
6. Name and Address of Co	urrent Registered Agent	<del></del>	D836461 Not Applicable cate of Status Desired S8.75 Additional Fee Required
WACHS, JEFFREY S 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316	· · · · · · · · · · · · · · · · · · ·		O NOT WRITE I THIS SPACE
8. The above named entity submits this statenthe obligations of registered agent.  SIGNATURE  Sgrature typed or printed name of registere.  FILE NOW!!! FEE IS \$150.	d agent and file if applicable (NOTE Registers	ed Agent signaturé required when reinstatin	
Due by September 7, 200	5 Trust Fund Contribution.	Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS  TITLE NAME WEXLER, GREGG R  7880 TALAVERA PLACE DELRAY BEACH, FL 3344  TITLE VTD  WEXLER, LINDA S  STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 3344			//00000371588 07/08/05-80008-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-	O NOT WRITE I THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
771 799			

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 runt 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 received 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #