
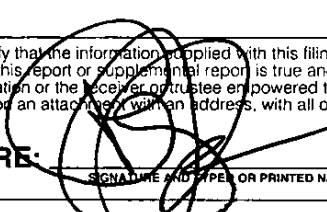


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90044 029 \*\*\*150.00

<b>DOCUMENT # P03000152760</b> 1. Entity Name <b>LIGHTNING MANUFACTURED HOMES, INC.</b>					
Principal Place of Business <b>1340 HIGHWAY 92, WEST ABUBURDALE, FL 33823</b>			Mailing Address <b>7.O. BOX 2485 WINTER HAVEN, FL 33883</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2485</b>  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-1689052</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWSON, TAMMY 1340 HIGHWAY 92, WEST ABUBURDALE, FL 33823</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LAWSON, TAMMY L</b> <b>3438 TOWER OVERLOOK DRIVE</b> <b>LAKE WALES, FL 33859</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST <b>Lawson, Tammy L.</b> <b>3438 Tower Overlook Dr.</b> <b>Lake Wales, FL 33859</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>MORRIS, CAROL S</b> <b>148 CINNAMON RIDGE DRIVE</b> <b>DAVENPORT, FL 33897</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Allen, Clayton N.</b> <b>812 Marcia Loop Rd.</b> <b>Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 			5/10/05 8639678200		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		