

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468566

Entity Name: H.W.A., INC.

FILED
Feb 13, 2005
Secretary of State

Current Principal Place of Business:

5029 LAS PALOMARS PLACE
ELKTON, FL 32033 US

New Principal Place of Business:

5029 LAS PALOMAS PLACE
ELKTON, FL 32033 US

Current Mailing Address:

5029 LAS PALOMARS PLACE
ELKTON, FL 32033 US

New Mailing Address:

5029 LAS PALOMAS PLACE
ELKTON, FL 32033 US

FEI Number: 59-1572369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, HORACE A
11086 HERKSCHER DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

BRENDA F. BLACK
5029 LAS PALOMAS PLACE
ELKTON, FL 32033 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: BRENDA F. BLACK

02/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: BLACK, BRENDA F
Address: 5029 LAS PALOMAS PL
City-St-Zip: ELKTON, FL 32033

Title: P (X) Delete
Name: BLACK, HORACE A,
Address: 11086 HESCHER DRIVE
City-St-Zip: JACKSONVILLE BCH,FL0,

Title: V (X) Delete
Name: BLACK, BRENDA F
Address: 11086 HECKSCHER DR
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete
Name: BLACK, BRENDA F
Address: 11086 HECKSCHER RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRENDA F. BLACK

DPTS

02/13/2005

Electronic Signature of Signing Officer or Director

Date