


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 022 ***150.00

DOCUMENT # F03000002289		
1. Entity Name HWA PROPERTIES, INC.		

Principal Place of Business 4341 SOUTH WESTNEDGE AVENUE KALAMAZOO, MI 49008	Mailing Address 4341 SOUTH WESTNEDGE AVENUE KALAMAZOO, MI 49008
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40029855



2. Principal Place of Business - No P.O. Box 2620 W MICHIGAN AVE Suite, Apt. #, etc. SUITE A City & State KALAMAZOO MI Zip 49006 Country USA	3. Mailing Address 2620 W MICHIGAN AVE Suite, Apt. #, etc. SUITE A City & State KALAMAZOO MI Zip 49006 Country USA
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01092008 Chg-P CR2E034 (12/06)

4. FEI Number 38-3314103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARGANO, ANTHONY J ESQUIRE 2240 WEST FIRST STREET SUITE 105 FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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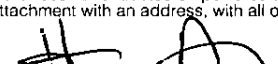
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ALBRIGHT, HARRY W JR 4341 SOUTH WESTNEDGE AVENUE, SUITE 2200 KALAMAZOO, MI 49008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2620 W MICHIGAN AVE SUITE A KALAMAZOO, MI 49006 <input checked="" 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
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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 exemptions contained in Chapter 119, 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:  **2/13/2008** **269-343-0334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #