


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000004117 -</b> 1. Entity Name AWA MANAGEMENT CORPORATION	
--	---

Principal Place of Business P.O. BOX 1352 EAST PALATKA, FL 32131	Mailing Address P.O. BOX 1352 EAST PALATKA, FL 32131
--	--



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0159254	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CLARK, RONALD E 501 ST JOHNS AVENUE PALATKA, FL 32177
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD TRESGOT, NANCY J A WAYS AWAY EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCDS TRESGOT JR, JOHN H A WAYS AWAY EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEAR, ANDREA T 2707 ADMIRALS WALK DR E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TRESGOT JR, JOHN H A WAYS AWAY EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000167658  
07/22/04-80003-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: John H. Trescot Jr JOHN H. TRESGOT JR VP 7/17/04 386-328-8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #