

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004117

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: AWA MANAGEMENT CORPORATION

## Current Principal Place of Business:

P.O. BOX 1352  
EAST PALATKA, FL 32131

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1352  
EAST PALATKA, FL 32131

## New Mailing Address:

FEI Number: 88-0159254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, RONALD E  
501 ST JOHNS AVENUE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: TRESCOT, NANCY J  
Address: A WAYS AWAY  
City-St-Zip: EAST PALATKA, FL 32131

Title: VCDS ( ) Delete  
Name: TRESCOT JR, JOHN H  
Address: A WAYS AWAY  
City-St-Zip: EAST PALATKA, FL 32131

Title: D ( ) Delete  
Name: GEAR, ANDREA T  
Address: 2707 ADMIRALS WALK DR E  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: TRESCOT JR, JOHN H  
Address: A WAYS AWAY  
City-St-Zip: EAST PALATKA, FL 32131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: GEAR, ANDREA T  
Address: 2558 ADMIRALS WALK DR E  
City-St-Zip: ORANGE PARK, FL 32073

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 Chapter 119, 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: JOHN H. TRESCOT, JR.

VCD

07/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date