2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004117

Entity Name: AWA MANAGEMENT CORPORATION

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
144 DANO EAST PAL	CY AVE LATKA, FL 3210	31			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 1352 EAST PALATKA, FL 32131			P.O. BOX 1352 EAST PALATKA, FL 32131 US		
FEI Number	: 88-0159254	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	HNS AVENUE	JS			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () TRESCOT, NAN A WAYS AWAY EAST PALATKA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCDS () TRESCOT JR, J A WAYS AWAY EAST PALATKA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GEAR, ANDREA 2558 ADMIRALS ORANGE PARK	WALK DR E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () TRESCOT JR, J A WAYS AWAY	Delete OHN H	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JOHN H. TRESCOT, JR VP 04/27/2009

EAST PALATKA, FL 321314338

City-St-Zip: