2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000045607

1. Entity Name CWE MANAGEMENT, INC.

Principal Place of Business



PO BOX 372 PO BOX 37 MEXIA, AL 36458 MEXIA, AL

Mailing Address PO BOX 372 MEXIA, AL 36458

FILED Mar 24, 2004 08:00 AM Secretary of State



02262004

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-3718845

S. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 1 TALLAHASSEE, FL 32301

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IMLEADAG	50EE, FL 52501			IN ⁻	THIS SPACE	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	nt
SIGNATURE_	Signature, typed or printed name of registered agent and title	Wapplicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U000000095199	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMPSON, GLENDA E PO BOX 372 MEXIA, AL 36458					
THLE NAME STREET ADDRESS CHY-SY-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TOTLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fit on this report or supplemental report is true a	ling does not qualify for the exen and accurate and that my signati	notion state ure shall hav	d in Section 119.07(3) re the same legal effer	(i), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under daily that i and all office 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.

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04 Date 251-575-7081 Daytina Phone \$