



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90055 018 \*\*\*150.00

<b>DOCUMENT # P01000045607</b> 1. Entity Name <b>CWE MANAGEMENT, INC.</b>					
Principal Place of Business <b>PO BOX 372</b> <b>MEXIA, AL 36458</b>			Mailing Address <b>PO BOX 372</b> <b>MEXIA, AL 36458</b>		
2. Principal Place of Business <b>6172 Barrineau Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>6172 Barrineau Lane</b> Suite, Apt. #, etc.			
City & State <b>Molino, FL</b>		City & State <b>Molino, FL</b>		4. FEI Number <b>59-3718845</b>	
Zip <b>32577</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPITAL CONNECTION, INC.</b> <b>417 E. VIRGINIA ST., STE. 1</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Glenda E. Thompson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6172 Barrineau Ln</b> City <b>Molino</b> <b>FL</b> Zip Code <b>32577</b>	
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 <u><i>Glenda E. Thompson</i></u> <b>Glenda E. Thompson</b> <b>3-29-05</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THOMPSON, GLENDA E PO BOX 372 6172 Barrineau Ln XXXXXXXXXX MEXIA, AL 36458 Molino, FL 32577 XXXXXXXXXXXX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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	
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 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: <u><i>Glenda E. Thompson</i></u> <b>Glenda E. Thompson, Pres.</b> <b>1-352-4084340</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					