## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## **FILED ANNUAL REPORT** Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P02000114372 1. Entity Name WEWA, INC Principal Place of Business Mailing Address PO BOX 1049 PO BOX 1049 WEWAHITCHKA, FL 32465 WEWAHITCHKA, FL 32465 No Chg-P CR2E034 (10/03) 01092004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1653406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JUCHNIEWICZ, JOHN W DO NOT WRITE 2583 HUNTCLIFF LANE PANAMA CITY, FL 32405 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, typod or printed harms of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstaling) TATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SMILEY, WILLIAM J STREET ADDRESS PO BOX 1049 02/02/04-80130-017 150.00 CITY-ST-ZIP WEWAHITCHKA, FL 32465 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE Caty-St-282 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY -ST-ZIP TIELE NAME STREET ADDRESS CTTY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 employed 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.

NTO HAME OF SIGNING OFFICER OR DIRECTOR