

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070914

1. Entity Name
LWA ENTERPRISES, INC.



Principal Place of Business
2889 B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

Mailing Address
2889 B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1083968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JOSHUA H
4726 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name Phillip A. Bryan

Street Address (P.O. Box Number is Not Acceptable)

29 Horseshoe TRL

City Crawfordville

FL

Zip Code 32327

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME PARKER, JOSHUA H
STREET ADDRESS 4726 CRAWFORDVILLE HWY
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☒ Delete

TITLE ST
NAME BRYAN, PHILLIP A
STREET ADDRESS 29 HORSESHOE TRAIL
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PCEO
NAME Phillip A. Bryan
STREET ADDRESS 29 Horseshoe TRL
CITY-ST-ZIP Crawfordville, FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 FEB -9 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092005

Chg-P

CR2E034 (10/03)