

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026800

Entity Name: CWA, INC.

FILED  
May 04, 2005  
Secretary of State

**Current Principal Place of Business:**

MAIL BOXES ETC #2339  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6847-A N. 9TH AVENUE  
PENSACOLA, FL 325047349

**New Mailing Address:**

FEI Number: 59-3314150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONROY, WILLIAM R  
6847A N. 9TH AVE  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALLEN, CHARLES W. JR.  
Address: 1515 EAST PARKSHORE #1F  
City-St-Zip: CHICAGO, IL 60637

Title: VPS ( ) Delete  
Name: CONROY, WILLIAM R.  
Address: 5002 SAUFLEY FIELD RD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: WILLIAM R CONROY

VPS

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date