

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000087569		
1. Entity Name HWA PLUS, INC.		
Principal Place of Business 3425 LAKE CENTER DRIVE #2 MOUNT DORA, FL 32757	Mailing Address 3425 LAKE CENTER DRIVE #2 MOUNT DORA, FL 32757	
DO NOT WRITE IN THIS SPACE		
		01252005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3486976
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WALKER, ROBERT S 3425 LAKE CENTER DRIVE SUITE 2 MOUNT DORA, FL 32757		DO NOT WRITE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, ROBERT J 1011 AYSHIRE ST ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEDRICK, EDGAR J 1421 EDGEWATER DR MT DORA, FL 32757	
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12. I hereby certify that the information supplied with this filing 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 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: 		2-10-05 352-735-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #