

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90295 011 ***150.00

DOCUMENT # L72440 1. Entity Name WEB AWAY, INC.					
Principal Place of Business 955 NW 117 CT Ocala, FL 34482 US			Mailing Address 955 NW 117 CT Ocala, FL 34482 US		
2. Principal Place of Business 8503 Havana Hwy Suite, Apt. #, etc.		3. Mailing Address 231 Prentice Suite, Apt. #, etc.			
City & State Havana FL Zip 32233		City & State EL Jebel CO Zip 81623		Country Eagle	
4. FEI Number 59-3009520				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMMER, SONJA A 8503 HWY 42 HAVANA, FL 32333			7. Name and Address of New Registered Agent Name: Plummer Sonja A. Street Address (P.O. Box Number is Not Acceptable): 8503 Havana Hwy City: Havana FL Zip Code: 32333		
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>Sonja A Plummer</u> <u>Sonja A Plummer</u> <u>4/19/05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PLUMMER, SONJA 955 NW 117 CT OCALA, FL 34482	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTH, CHARLIE 1166 S.E. 44TH AVENUE OCALA, FL 34471	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, RICHARD 1917 N.E. 9TH STREET OCALA, FL 34470	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CHERIE A T 8503 HWY 12 HAVANA, FL 32333	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Cherie A 8503 Havana Hwy Havana FL 32333	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Connie M Butler 17 Renard Rd Tryon NC 28782	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Darryl L. Oursler 11 Coble Ct Santa Rosa Bch FL 32459	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Cherie A 8503 Havana Hwy Havana FL 32333	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Cherie A 8503 Havana Hwy Havana FL 32333	☒ 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: <u>Sonja A Plummer</u> <u>Sonja A Plummer</u> <u>4/19/05</u> <u>904632401</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					