

DOCUMENT # F93000000043

1. Entity Name

GO AWAY INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State



Principal Place of Business

5360 N ATLANTIC AVE
 SUITE H
 COCOA BEACH FL 32931
 US

Mailing Address

5360 N ATLANTIC AVE
 SUITE H
 COCOA BEACH FL 32931
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3157104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCIARAPPA, SHELLY
 5360 N ATLANTIC AVE "H"
 COCOA BEACH FL 32931

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
 NAME SCIARAPPA, JOE
 STREET ADDRESS 498 INDIAN CREEK DR
 CITY- ST- ZIP COCOA BEACH FL 32931

TITLE D ☐ Delete
 NAME SCIARAPPA, SHELLY
 STREET ADDRESS 498 INDIAN CREEK DR
 CITY- ST- ZIP COCOA BEACH FL 32931

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME 000000604611
 STREET ADDRESS 01/30/07-80003-005 150.00
 CITY- ST- ZIP

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

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

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 CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

01/26/07 (32) 797-0059