


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90002 040 \*\*\*150.00

<b>DOCUMENT # P930000000043</b> 1. Entity Name <b>GO AWAY INC.</b>					
Principal Place of Business <b>4716 FIARVIEW DR. COCOA BEACH FL 32931 US</b>			Mailing Address <b>4716 FIARVIEW DR. COCOA BEACH FL 32931 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3157104</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCIARAPPA, SHELLY 5360 N ATLANTIC AVE "H" COCOA BEACH FL 32931</b>				7. Name and Address of New Registered Agent Name <b>Shelly Sciarappa</b> Street Address (P.O. Box Number is Not Acceptable) <b>4716 FAIRVIEW DR.</b> City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b>	
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 <b>Shelly Sciarappa</b> <b>Shelly Sciarappa</b> <b>2/11/08</b> <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required for joint filings.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCIARAPPA, JOE</b> <b>498 INDIAN CREEK DR</b> <b>COCOA BEACH FL 32931</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCIARAPPA, SHELLY</b> <b>498 INDIAN CREEK DR</b> <b>COCOA BEACH FL 32931</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <b>Joe Sciarappa</b> <b>2/11/08</b> <b>(321) 784-5060</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					