


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90044 015 \*\*\*150.00

<b>DOCUMENT # P98000092401</b>	
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1. Entity Name  
**WEBUY PROPERTIES, INC.**

Principal Place of Business <b>150 GALIANO COURT - 7499 Shepherd Ave. SPRING HILL, FL 34606</b>	Mailing Address <b>P.O. BOX 5946 HUDSON, FL 34674</b>
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03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3543262</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TRIVETTE, GARY P**  
**150 GALIANO COURT - 7499 Shepherd Ave.**  
**NEW PORT RICHEY, FL 34654 - Spring Hill, FL 34606**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>TRIVETTE, GARY P 7499</b>
NAME <b>STREET ADDRESS</b>	<b>150 GALIANO COURT - Shepherd Ave</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>
TITLE <b>ST</b>	<b>TRIVETTE, LINDA J 7499 Shepherd Ave</b>
NAME <b>STREET ADDRESS</b>	<b>150 GALIANO COURT</b>
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY P. TRIVETTE**

**352**  
**03-29-04 684-1774**

Date

Daytime Phone #