


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90003 017 ***150.00

DOCUMENT # F99000002420

1. Entity Name
WEBYODA



Principal Place of Business Mailing Address

1859 WINERY WAY 1859 WINERY WAY
TALLAHASSEE FL 32317 TALLAHASSEE FL 32317



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number **59-3554255** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOWE, DAVID H
1859 WINERY WAY
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 <input type="checkbox"/> Delete
NAME	LOWE, DAVID H
STREET ADDRESS	1859 WINERY WAY
CITY-ST-ZIP	TALLAHASSEE FL 32317
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 supplement 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.

[Handwritten Signature]

[Handwritten Signature]



ATTACHMENT

40088534

Date: June 16, 2005

P99000002420

1859 Winery Way, Tallahassee, Florida 32317
Phone: (850) 980-3733 Fax: (850) 656-1499

Dear Division of Corporations,

Please find enclosed my \$150 for my reports filings fee along with a letter showing that my check was originally delivered to the wrong address by the US postal service. I spoke with Gary in corporations annual reports, and he indicated that you should be able to waive the late fee do to the circumstances. If you have any questions feel free to contact me on my mobile at980-3733.

Thanks for you help.

A handwritten signature in black ink, appearing to read "DL", written over a horizontal line.

David H. Lowe
WebYoda President / Owner