


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-22-2005 90295 011 \*\*\*150.00

<b>DOCUMENT # L72440</b>			
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		City & State EL Tebel CO	
Zip 32333	Country Cadsden	Zip 81623	Country Eagle
4. FEI Number 59-3009520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Connie M Butler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17 Renard Rd Tryon NC 28782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete BARTH, CHARLIE 1166 S.E. 44TH AVENUE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Darryl L. Oursler 11 Cobble Ct Santa Rosa Bch FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EUBANKS, RICHARD 1917 N.E. 9TH STREET OCALA, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BROWN, CHERIE A T 8503 HWY 12 HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Cherie A 8503 Havana Hwy Havana FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/19/05</u> Daytime Phone # <u>970 463 2101</u>	

2005



04192005 Chg-P CR2E034 (10/03)