2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# 711047

Entity Name: THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1030 OVERSEAS HWY.,MM68 1/2
P.O.BOX 624
LONG KEY, FL 33001

New Principal Place of Business:

Current Mailing Address:

1030 OVERSEAS HWY.,MM68 1/2
P.O.BOX 624
LONG KEY, FL 33001

New Mailing Address:

FEI Number: 59-2336398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARING, PHILIP R
68300 OVERSEAS HWY
LAYTON, FL 33001

Name and Address of New Registered Agent:

HARING, RITA M
68300 OVERSEAS HWY
LAYTON, FL 33001

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.

SIGNATURE: RITA M. HARING 04/12/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACLAREN, CHARLES
Address: 122 LAYTON DR
City-St-Zip: LAYTON, FL

Title: STD ( ) Delete
Name: FLETCHER, THOMAS
Address: PO BOX 474
City-St-Zip: LONG KEY, FL 33001

Title: V ( ) Delete
Name: HILLMAN, HARVEY
Address: RT 1 BOX 180
City-St-Zip: MARATHON, FL

Title: T ( ) Delete
Name: HARING, RITA
Address: 65820 OVERSEAS HWY
City-St-Zip: LONG KEY, FL

Title: T ( ) Delete
Name: HEINEY, STEVE
Address: PO BOX 581
City-St-Zip: LONG KEY, FL 33001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HILLMAN, HARVEY
Address: 217 PEACHTREE
City-St-Zip: MARATHON, FL 33050

Title: V (X) Change ( ) Addition
Name: SNOW, CLARK
Address: PO BOX 493
City-St-Zip: LONG KEY, FL 33001

Title: DIR (X) Change ( ) Addition
Name: DEVALLE, BRUCE
Address: PO BOX 798
City-St-Zip: LONG KEY, FL 33001

Title: T (X) Change ( ) Addition
Name: HARING, PHILIP
Address: 65820 OVERSEAS HWY
City-St-Zip: LONG KEY, FL 33001

Title: S (X) Change ( ) Addition
Name: KEENEY, HAROLYN
Address: PO 493
City-St-Zip: LONG KEY, FL 33001

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP HARING T 04/12/2004
Electronic Signature of Signing Officer or Director — Date