


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F18266</b> 1. Entity Name <b>LAYMAN WELL DRILLING, INC.</b>	
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Principal Place of Business <b>% FREDRICK MARTIN LAYMAN P.O. BOX 66, HWY 17 SATSUMA, FL 32189</b>	Mailing Address <b>% FREDRICK MARTIN LAYMAN P.O. BOX 66, HWY 17 SATSUMA, FL 32189</b>
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03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2133475</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LAYMAN, FREDRICK MARTIN  
115 N RAILROAD AVE  
SATSUMA, FL 32189**

**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LAYMAN, FREDRICK MARTIN HWY 17 SATSUMA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LAYMAN, FREDRICK MARTIN HWY 17 SATSUMA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAYMAN, CONNIE HWY 17 SATSUMA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAYMAN, RICHARD M HWY 17 SATSUMA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/05-80008-006 150.00

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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

**3-15-05 386-647-4658**  
Date Daytime Phone #