


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F18266 1. Entity Name LAYMAN WELL DRILLING, INC.	
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Principal Place of Business % FREDRICK MARTIN LAYMAN P.O. BOX 66, HWY 17 SATSUMA, FL 32189	Mailing Address % FREDRICK MARTIN LAYMAN P.O. BOX 66, HWY 17 SATSUMA, FL 32189
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2133475	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 LAYMAN, FREDRICK MARTIN 115 N RAILROAD AVE SATSUMA, FL 32189
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**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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PST LAYMAN, FREDRICK MARTIN HWY 17 SATSUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAYMAN, FREDRICK MARTIN HWY 17 SATSUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAYMAN, CONNIE HWY 17 SATSUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAYMAN, RICHARD M HWY 17 SATSUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000489285
04/18/06-80008-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-29-06 386649-4658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #