

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-10-2008 90028 006 \*\*\*150.00

F18266

**FILED**

08 APR 25 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F18266**

1. Entity Name  
**LAYMAN WELL DRILLING, INC.**



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

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2133475**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Fredrick M Layman* Fredrick M Layman 3/26/08

Date

Daytime Phone #

380-649-4658

KS