2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90040 045 ***150.00

DOCUMENT # P00000088264

1. Entity Name
LAYTON TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
ONE TAMPA CITY CENTER SUITE 2500 TAMPA, FL 33602	ONE TAMPA CITY CENTER SUITE 2500 TAMPA, FL 33602

03162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3672412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DV DREW, CHRISTOPHER 8875 HIDDEN RIVER PARKWAY TAMPA, FL 33637	☐ Delete	DV Drew, Christopher One Tampa City Center, Ste 2500 Tampa FL 33602	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WARD, ROBERT 8875 HIDDEN RIVER PARKWAY TAMPA, FL 33637	☐ Delete	PST Ward, Robert One Tampa City Center Ste 2500 Tampa FL 33602	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JACOBSON, RICHARD A 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		

Amanda L. Smith

Please call me if you have any questions.

LAYTON™ Technology

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Tampa, Florida 33602
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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: _____ 4/21/4 813 975 1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #