


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90040 019 ***150.00

DOCUMENT # P01000097628 1. Entity Name IN LAYMAN'S TERMS, INC.			
Principal Place of Business 361 S COUNTY ROAD SUITE H PALM BEACH, FL 33480		Mailing Address PO BOX 12787 TALLAHASSEE, FL 32317	
2. Principal Place of Business, No P.O. Box # <i>250 Bradley Place</i> Suite, Apt. #, etc. <i>401</i>		3. Mailing Address Suite, Apt. #, etc. 	
City & State <i>Palm Beach, FL</i>		City & State 	
Zip <i>33480</i>		Zip 	
Country <i>USA</i>		Country 	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <i>S. Barrie Godown, CPA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1061 E. Indiantown Road</i> <i>Suite 104</i> City <i>Jupiter</i> FL Zip Code <i>33477</i>	
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 <i>[Signature]</i> <small>Signature of registered agent or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <i>1-30-2008</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD LAYMAN, KELLY A PO BOX 12787 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1/18/08</i> Daytime Phone <i>561-596-7655</i>	