

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060618

Entity Name: LBP LAY, INC.

FILED  
Jan 27, 2006  
Secretary of State

## Current Principal Place of Business:

6505 GRAZING LN  
ODESSA, FL 33556

## New Principal Place of Business:

8502 LAYS COVE PLACE  
ODESSA, FL 33556

## Current Mailing Address:

6505 GRAZING LN  
ODESSA, FL 33556

## New Mailing Address:

8502 LAYS COVE PLACE  
ODESSA, FL 33556

FEI Number: 01-0715642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, STEPHEN A ESQUIRE  
605 75TH AVE.  
SAINT PETERSBURG, FL 33706 US

## Name and Address of New Registered Agent:

LAY, STEVEN F  
8502 LAYS COVE PLACE  
ODESSA, FL 33556 US

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.

SIGNATURE: STEVEN F LAY

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAY, STEVEN  
Address: 6505 GRAZING LN  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: LAY, ALISA  
Address: 6505 GRAZING LN  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LAY, STEVEN F  
Address: 8502 LAYS COVE PLACE  
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition  
Name: LAY, ALISA J  
Address: 8502 LAYS COVE PLACE  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN F LAY

D

01/27/2006

Electronic Signature of Signing Officer or Director

Date