


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Mar 17, 2006 10:08 AM  
Secretary of State

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # P02000123924</b>  |         |  |         |
| 1. Entity Name<br><b>LAYOUT EQUIPMENT RENTAL, INC.</b>                      |         |   |         |
| Principal Place of Business<br><b>2180 THOMPSON RD.<br/>BARTOW FL 33830</b> |         | Mailing Address<br><b>2180 THOMPSON RD.<br/>BARTOW FL 33830</b>                   |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E034 (10/05)

4. FEI Number **04-3722958** Applied For  
Not Applicable

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

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                 |  | 7. Name and Address of New Registered Agent        |             |
| <b>BOWEN, LARRY P<br/>2180 THOMPSON RD.<br/>BARTOW FL 33830</b> |  | 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

Signature: Type or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-registering)

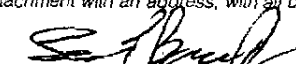
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS |                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|---------------------------|---------------------------------|---|--|---|
| TITLE                      | P                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOWEN, LARRY P</b>     |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>2180 THOMPSON ROAD</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>BARTOW FL 33830</b>    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |  |   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **X**  **Larry P. Bowen Jr. March 2, 2006 (863)-519-90**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #