


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90034 042 ***150.00

DOCUMENT # P07000121972	
1. Entity Name LAYNE E. COCHRAN, CPA P.A.	

Principal Place of Business 12807 OAKELLER DR HUDSON, FL 34667 US	Mailing Address 12807 OAKELLER DR HUDSON, FL 34667 US
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40067283

2. Principal Place of Business - No P.O. Box # 2527 Seven Springs Blvd	3. Mailing Address 2527 Seven Springs Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Trinity, FL	City & State Trinity, FL
Zip 34655 Country USA	Zip 34655 Country USA



02212008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1392597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COCHRAN, LAYNE E 12807 OAKELLER DR HUDSON, FL 34667		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST COCHRAN, LAYNE E 12807 OAKELLER DR HUDSON, FL 34667 <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	D COCHRAN, LAYNE E 12807 OAKELLER DR HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Layne E Cochran LAYNE E COCHRAN 4/14/08 727-392-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #