

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000007322

1. Entity Name
LAYNE REALTY CO., INC.



Principal Place of Business
**1810 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406**

Mailing Address
**1810 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0463214	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

**LAYNE, WILLIAM B
1810 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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 William B. Layne - Pres. 1-22-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAYNE, WILLIAM B
STREET ADDRESS	1810 FOREST HILL BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	D
NAME	LAYNE, JULIE G
STREET ADDRESS	1810 FOREST HILL BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	D
NAME	INGHAM, JAMI L
STREET ADDRESS	1810 FOREST HILL BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80025-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Gemmae Rallyson - Sec & Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-732-9457