

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000002353 1. Entity Name HAYMARKET ANTIQUES & DESIGNS, INC.	
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Principal Place of Business 9584 NE WILLIAMS AVE ARCADIA, FL 34266 US	Mailing Address 9584 NE WILLIAMS AVE ARCADIA, FL 34266 US
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2409511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  LOWE, DARLENE B 9584 NE WILLIAMS AVE ARCADIA, FL 34266	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD LOWE, DARLENE B 9584 NE WILLIAMS AVE ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WYANT, DOUGLAS R 58627 DECATUR RD CASSOPOLIS, MI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WYANT, TY R 58627 DECATUR RD CASSOPOLIS, MI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWNING, KATHY J. 3289 N.E. APPALOOSA STREET ARCADIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000108884  
 04/12/04-80021-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Darlene B Lowe* 4-8-04 863-494-1108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #