

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.



Principal Place of Business Mailing Address
9584 NE WILLIAMS AVE **9584 NE WILLIAMS AVE**
ARCADIA, FL 34266 US **ARCADIA, FL 34266 US**

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
38-2409511 Not Applicable

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

6. Name and Address of Current Registered Agent
LOWE, DARLENE B
9584 NE WILLIAMS AVE
ARCADIA, FL 34266

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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	

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 04/12/04-80021-009 150.00

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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 #