

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000002353
1. Entity Name
HAYMARKET ANTIQUES & DESIGNS, INC.



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



01032006 No Chg-P CR2E034 (11/05)

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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

000000411423
02/10/06-80006-016 150.00

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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 507, 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* **1-9-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #