


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 05, 2007-08:00 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**



02092007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**38-2409511**      Applied For  
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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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 \_\_\_\_\_ 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, 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 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	

U00000654939  
03/13/07-80078-020 150.00

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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 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*    2-9-07    Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR