

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 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**



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000210992  
02/02/05-80103-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	LOWE, DARLENE B
STREET ADDRESS	9584 NE WILLIAMS AVE
CITY-ST-ZIP	ARCADIA, FL
TITLE	V
NAME	WYANT, DOUGLAS R
STREET ADDRESS	58627 DECATUR RD
CITY-ST-ZIP	CASSOPOLIS, MI
TITLE	S
NAME	WYANT, TY R
STREET ADDRESS	58627 DECATUR RD
CITY-ST-ZIP	CASSOPOLIS, MI
TITLE	T
NAME	BROWNING, KATHY J.
STREET ADDRESS	3289 N.E. APPALOOSA STREET
CITY-ST-ZIP	ARCADIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-05

Date

863-494-1108

Daytime Phone #