2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F95000002353

1. Entity Name
HAYMARKET ANTIQUES & DESIGNS, INC.

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

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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: _____ 2-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #