2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P95000015155

Entity Name: CRANBERRY CORNERS ANTIQUES, INC.

Current Principal Place of Business:

203 E. HORATIO AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

203 E. HORATIO AVENUE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3300246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGUNDER, KARL
800 WESTWOOD SQUARE
SUITE A
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BYFIELD, JOHN	
Address:	515 WEBSTER ST	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	P	( ) Delete
Name:	BYFIELD, PAMELA	
Address:	515 WEBSTER ST	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VD	( ) Delete
Name:	BYFIELD, STEPHEN	
Address:	1500 MAGNOLI AVE.	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	BYFIELD, R. LYNN	
Address:	660 MOURNING DOVE CIRCLE	
City-St-Zip:	LAKE MARY, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BYFIELD P 03/16/2004

Electronic Signature of Signing Officer or Director — Date