

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90050 025 \*\*\*150.00

**DOCUMENT # P95000015155**

1. Entity Name  
**CRANBERRY CORNERS ANTIQUES, INC.**



Principal Place of Business  
**203 E. HORATIO AVENUE  
MAITLAND, FL 32751**

Mailing Address  
**203 E. HORATIO AVENUE  
MAITLAND, FL 32751**

**60008502**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-3300246**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BURGUNDER, KARYL  
800 WESTWOOD SQUARE  
SUITE A  
OVIDO, FL 32765**

*830 Eyrie Dr.  
Suite 6C  
OVIDO, FL 32765*

7. Name and Address of New Registered Agent

Name **KARYL A. BURGUNDER ATTORNEY AT LAW, P.L.**

Street Address (P.O. Box Number is Not Acceptable)

*830 Eyrie Drive*

*Suite 6C*

City **OVIDO**

**FL**

Zip Code *32765*

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

*Karyl A. Burgunder MGRM*

*1/10/06*

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete  
NAME **BYFIELD, JOHN**  
STREET ADDRESS **515 WEBSTER ST**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **P** ☐ Delete  
NAME **BYFIELD, PAMELA**  
STREET ADDRESS **515 WEBSTER ST**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VP** ☐ Delete  
NAME **BYFIELD, STEPHEN**  
STREET ADDRESS **1500 MAGNOLA AVE.**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete  
NAME **BYFIELD, R. LYNN**  
STREET ADDRESS **660 MOURNING DOVE CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Pamela R. Byfield PAMELA BYFIELD*

*1/24/06*

*407-644-0363*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #