

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015155

FILED  
Mar 26, 2007  
Secretary of State

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:

KARL A BURGUNDER, ATTORNEY AT LAW, P.L.  
830 EYRIC DR STE 6C  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

KARL A BURGUNDER, ATTORNEY AT LAW, P.L.  
1490 SWANSON DRIVE  
SUITE 200  
OVIEDO, FL 32765 US

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:

03/26/2007

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: VP ( ) Delete  
Name: BYFIELD, STEPHEN  
Address: 1500 MAGNOLA AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: BYFIELD, R. LYNN  
Address: 660 MOURNING DOVE CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

## 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 Chapter 119, 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

03/26/2007

Electronic Signature of Signing Officer or Director

Date