## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 26, 2005 8:00 am Secretary of State

01-26-2005 90006 041 \*\*\*\*61.25

DOCUMENT # N9800005118  1. Entity Name DARDEN DIMES, INC.								01-26-20	05 90006	041 ****6	51.25
Principal Place of Business 5900 LAKE ELLENOR DRIVE ORLANDO, FL 32809  Mailing Address POST OFFICE BOX 59333 ORLANDO, FL 32859-33								4000	16 <b>5</b> 60		
2. Principal P	lace of Business	3. Maili	ng Address								15  11   155
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01182005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State					4. FEI Numbe 59-352			<u> </u>	oplied For ot Applicable
Zip	Country Zip			Соиг			5. Certificate	\$9.75 Additional			
	6. Name and Address of Curren	t Registered	Agent		I		7. Name and	Address of Ne	w Registered	Agent	
CORPORA	ATION SERVICE COMPANY				Name~.						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street Ac	ddress (f	P.O. Box Numbe	er is Not Accept	able)		
					City				FI	L Zip Cod	e
	named entity submits this statement filtins of registered agent.	for the purpo	se of changing its	register	ed office or	register	ed agent, or bo	th, in the State o	f Florida. I an	n familiar with,	and accept
SIGNATURE .		. :.					•				· ———
	Skonsture, typed or printed name of registered ager	nt and title if ennii	cable (NOTE	- Registere	d Anent signatu	ure remained	when reinstation)		DATE		
	Signature, typed or printed name of registered ager	nt and title if appli				ure required	when reinstating)	<u> </u>	DATE		· * · · ·
	Filing Fee is \$61.25 Due by May 1, 2005	nt and title if appli	9. Election Carr Trust Fund C	npaign F	inancing	ure required	\$5.00 May B Added to Fees		Make che	ck payable t	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D		9. Election Can Trust Fund C	npaign F Contribut	inancing ion.		\$5.00 May B Added to Fees		Make chec lorida Depa	DIRECTORS IN	tate
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receive verify that the information supplied with ritis liting does not quality 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

407.245.5542