

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000025492

**Entity Name:** DARDEN MANUFACTURING, INC.**Current Principal Place of Business:**1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32837**Current Mailing Address:**1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32837**FEI Number:** 45-4810928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MILANES, DOUGLAS J
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	TREASURER, VP, DIRECTOR
Name	WILLIAMSON, CHRISTOPHER
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	SECRETARY, VP
Name	WALKER(RATON), DEBRA M
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	ASSISTANT TREASURER
Name	CARR, PHILIP D
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	ASST. SECRETARY
Name	WEBSTER, TINA J
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	ASST. TREASURER
Name	SPRINGETT, EMILIA
Address	1000 DARDEN CENTER DRIVE
City-State-Zip:	ORLANDO FL 32837

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS J. MILANES**PRESIDENT****02/07/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date