

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 014 ***150.00

DOCUMENT # 293219

1. Entity Name
DARLAND BAKERY, INC.



Principal Place of Business

**2423 EAST SOUTH STREET
ORLANDO, FL 32803**

Mailing Address

**2423 EAST SOUTH STREET
ORLANDO, FL 32803 US**



02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1098379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARK, PEGGY D
10300 CALLE DE FLORES DR
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARK, PEGGY D.
STREET ADDRESS	10300 CALLE DE FLORES DR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	HEWETT, DONNA
STREET ADDRESS	42 CARDAMON DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	SMITH, JOAN
STREET ADDRESS	229 CAYENNE CT
CITY-ST-ZIP	ORLANDO, FL
TITLE	EVP
NAME	PARK, JOHN H.
STREET ADDRESS	2698 NEWBOLT DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Donna Hewett
Donna Hewett

Date

2/20/08

Daytime Phone #

407-894-1061