

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 623497

1. Entity Name
C.M. DARDEN REAL ESTATE AND CONSTRUCTION
COMPANY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 PM 3:08

Principal Place of Business
3420 KIRBY DRIVE
TITUSVILLE, FL 32796

Mailing Address
P.O. BOX 1736
TITUSVILLE, FL 32781



09302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1637951
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, DEAN F
47 E. ROBINSON ST
ORLANDO, FL 32801

**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

100041562111
10/04/04--01021--004 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
DARDEN, KATRINA C
3420 KIRBY DRIVE
TITUSVILLE, FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DARDEN, PHYLLIS
3420 KIRBY DRIVE
TITUSVILLE, FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MOSLEY, PAMELA D
345 HAMMOCK DUNES
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Katrina C. Darden

9/30/04 321-269-2842