

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 623497

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



Principal Place of Business
3420 KIRBY DRIVE
TITUSVILLE, FL 32796

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

FILED

2008 MAR 14 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1637951	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSLEY, DEAN F
20 NORTH ORANGE AVENUE
SUITE 807
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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/08

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 14408 SALINGER RD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT
07-08

000113371020
03/14/08--01013--007 **750.00
000113371020
12/24/07--01018--016 **158.75

[Signature]

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 officers empowered.

SIGNATURE: *Katrina C. Darden* *Katrina C. Darden* 11/13/2007 321-269-2842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #