

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001579

FILED  
Apr 03, 2005  
Secretary of State

Entity Name: DARLYNN'S DARLINS, INC.

**Current Principal Place of Business:**

2842 ROSALIE LAKE ROAD  
LAKE WALES, FL 338989309

**New Principal Place of Business:**

**Current Mailing Address:**

2842 ROSALIE LAKE ROAD  
LAKE WALES, FL 338989309

**New Mailing Address:**

FEI Number: 59-3702104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CZERNER, DARLYNN S  
2842 ROSALIE LAKE ROAD  
LAKE WALES, FL 338989309 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CZERNER, DARLYNN  
Address: 2842 ROSALIE LAKE ROAD  
City-St-Zip: LAKE WALES, FL 338989309

Title: D ( ) Delete  
Name: MARTIN, CLINTON D  
Address: 2842 ROSALIE LAKE ROAD  
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete  
Name: DEKILDER, STEPHANIE  
Address: 146 LAKEVIEW DR.  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: KENNEDY, DEBBIE  
Address: 5651 SW 5TH ST.  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: BARAGONA, MELISSA  
Address: 401 WILDMERE AVENUE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLYNN S. CZERNER

D

04/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date