


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90674 049 \*\*\*150.00

<b>DOCUMENT # P03000077327</b> 1. Entity Name <b>DARDEN ENTERPRISES INC.</b>					
Principal Place of Business <b>639 PLANTERS MANOR WAY BRADENTON, FL 34212 US</b>			Mailing Address <b>P.O. BOX 720 786 ORLANDO, FL 32872 US</b>		
2. Principal Place of Business <b>832 Cherry St</b> Suite, Apt. #, etc. <b>Winter Park</b>		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip <b>32789</b> Country <b>ORANGE</b>			
City & State <b>FL</b>		City & State  Zip  Country		4. FEI Number <b>20-0139395</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DARDEN, BILL 639 PLANTERS MANOR WAY BRADENTON, FL 34212</b>			7. Name and Address of New Registered Agent Name <b>DARDEN, BILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2415 Muzzlewhite Ave.</b> City <b>ORLANDO</b> FL Zip Code <b>32804</b>		
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 the obligations of registered agent. SIGNATURE <u>Willia Darden</u> DATE <u>4-29-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARDEN, BILL</b> <b>639 PLANTERS MANOR WAY</b> <b>BRADENTON, FL 34212</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARDEN, Bill</b> <b>Po Box 720786</b> <b>ORLANDO, FL 32872</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARDEN, ROBIN</b> <b>639 PLANTERS MANOR WAY</b> <b>BRADENTON, FL 34212</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARDEN, Robin</b> <b>Po Box 720786</b> <b>ORLANDO, FL 32872</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Willia Darden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-29-04</u> Daytime Phone # <u>407-539-6560</u>		