## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P93000078115

1. Entity Name

DARENDA'S CARDS AND GIFTS, INC.



**FILED** Mar 21, 2008 08:00 Al **Secretary of State** 

Principal Place of Business

2003 STALLION RD. CANTONMENT, FL 32533 Mailing Address

2003 STALLION RD. CANTONMENT, FL 32533



## DO NOT WRITE IN THIS SPACE

03162008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3205691 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JUDY M 807 W. GARDEN ST. PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			<del></del>	<del></del>	
	Signature, typed or printed name of registered agent and title it	Replicable. (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		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE NAME STREET ADDRESS CITY~ST~ZiP	P PATRICK, DARENDA 2003 STALLION RD CANTONMENT, FL 32533		04/07/08-800[7-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7/P					

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:**