


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90059 016 \*\*\*150.00

<b>DOCUMENT # P96000042404</b>	
1. Entity Name <b>DARDEN CORPORATION</b>	

Principal Place of Business <b>5900 LAKE ELLENOR DRIVE ORLANDO, FL 32809</b>	Mailing Address <b>5900 LAKE ELLENOR DRIVE ORLANDO, FL 32809</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**94018986**



02062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3378492</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_

<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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTIS, CLARENCE JR			NAME			
STREET ADDRESS	5900 LAKE ELLENOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIGAN, PATRICK			NAME			
STREET ADDRESS	6100 LAKE ELLENOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTOSH, JAMES O			NAME			
STREET ADDRESS	6000 LAKE ELLENOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAULEY, E. CHARLENE			NAME	Abney, Charlene		
STREET ADDRESS	5900 LAKE ELLENOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, WILLIAM III			NAME	Dimopoulos, Linda		
STREET ADDRESS	6100 LAKE ELLENOR DR.			STREET ADDRESS	5900 Lake Ellenor Dr.		
CITY-ST-ZIP	ORLANDO, FL 32809			CITY-ST-ZIP	Orlando, FL 32809		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 # \_\_\_\_\_