


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90200 023 \*\*\*150.00

<b>DOCUMENT # 253440</b>		
1. Entity Name <b>HARDEE EQUIPMENT COMPANY, INC.</b>		

Principal Place of Business <b>4220 DRANE FIELD ROAD LAKELAND, FL 33811 US</b>	Mailing Address <b>4220 DRANE FIELD RD LAKELAND, FL 33811 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 886</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FAYETTE, AL</b>	City & State <b>FAYETTE, AL</b>
Zip <b>35555</b>	Country <b>US</b>

**60034254**



04212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-0941405</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 <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO PILGER, DALE R 6500 CITY WEST PARKWAY, SUITE 300 EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BLACKWELL, ERIC 6500 CITY WEST PARKWAY, SUITE 300 EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FROST, JERRY 719 COLUMBUS STREET EAST FAYETTE, AL 35555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP-FINANCE TREASURER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMOKE, DANIEL J 6500 CITY WEST PARKWAY, SUITE 300 EDEN PRAIRIE, MN 55344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CFO STREHL, DAVE 6500 CITY WEST PARKWAY SUITE 300 EDEN PRAIRIE, MN 55344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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:**  **JERRY FROST, VP-FINANCE** **4-24-08** **205-932-5720**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #