

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 284534

1. Entity Name
HARDEE LIVESTOCK MARKET, INC.



Principal Place of Business

**P O BOX 1479
HWY 17 S
WAUCHULA, FL 33873**

Mailing Address

**P O BOX 1479
HWY 17 S
WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1057844

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ROBERT RAY
HIGHWAY 17 S
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME SMITH, ROBERT RAY, JR.
STREET ADDRESS 2340 GREENLEAF RD
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890**

**TITLE PD
NAME SMITH, ROBERT RAY
STREET ADDRESS 221 MANLEY RD
CITY-ST-ZIP WAUCHULA, FL 33873**

**TITLE D
NAME JAHNA, CATHY JO
STREET ADDRESS 1319 LAKE ISIS DR.
CITY-ST-ZIP AVON PARK, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000007883
01/20/04-80042-018 150.00**

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IN THIS SPACE**

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: *Robert Ray Smith* **01-14-04** *863-773-8747*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #