

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717388

FILED
Jan 12, 2006
Secretary of State

Entity Name: HARDEE COUNTY FAIR INCORPORATED

Current Principal Place of Business:

617 RODEO DRIVE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

ALTMAN ROAD
P O BOX 1236
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-2029480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JAY A PRES
117 ILLINOIS AVE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKINS, M E DIR
Address: P O BOX 966
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: WANDA, ROBERTS
Address: 705 DOC COIL RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: S () Delete
Name: CONERLY, DOROTHY A
Address: LOUISIANA STREET
City-St-Zip: WAUCHULA, FL

Title: T () Delete
Name: RICH, SAM H
Address: PO BOX 966
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: GILL, RAY
Address: POLK STREET
City-St-Zip: WAUCHULA, FL

Title: VP () Delete
Name: CHERRY, BARNEY
Address: PO BOX 1346
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.E. WILKINS

DIR

01/12/2006

Electronic Signature of Signing Officer or Director

Date