

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 028 ***150.00

DOCUMENT # 827213

1. Entity Name
HARDEE'S FOOD SYSTEMS, INC.



Principal Place of Business
**401 W. CARL KARCHER WAY
ANAHEIM, CA 92801**

Mailing Address
**401 W. CARL KARCHER WAY
ANAHEIM, CA 92801**

50045423



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0732584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PUZDER, ANDREW
STREET ADDRESS 6307 CARPINTERIA AVE.
CITY-ST-ZIP CARPINTERIA, CA 93013

TITLE VP
NAME LOWRY, DOUGLAS P
STREET ADDRESS 401 W. CARL KARCHER WAY
CITY-ST-ZIP ANAHEIM, CA 92801

TITLE S
NAME WERNER, WILLIAM
STREET ADDRESS 505 N. 7TH STREET, STE. 2000
CITY-ST-ZIP SAINT LOUIS, MO 63101

TITLE CD
NAME FOLEY, WILLIAM P
STREET ADDRESS 601 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

D Lowry **D LOWRY VP-TAX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

714.774.5796

Daytime Phone #