

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 049 ***150.00

DOCUMENT # H22235

1. Entity Name
HARDEE RANCH SUPPLY, INC.



Principal Place of Business
1203 HIGHWAY 17, SOUTH
P.O. BOX 1146
WAUCHULA, FL 33873

Mailing Address
1203 HIGHWAY 17, SOUTH
P.O. BOX 1146
WAUCHULA, FL 33873

50016502



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2446503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J.
104 S. 5TH AVENUE
P.O. BOX 1748
WAUCHULA, FL 33873

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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 P
NAME SKIPPER, JAMES
STREET ADDRESS 3205 SR 66
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE V
NAME DURRANCE, KELLY
STREET ADDRESS 1314 Popash Rd.
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE S
NAME SMITH, ROBERT RAY, JR.
STREET ADDRESS MOORE RD., P.O. BOX 1186
CITY-ST-ZIP ZOLFO SPRING, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres 1/28/05 863 7734322