


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J46677 1. Entity Name DEER RUN OF HARDEE, INC. PROPERTY OWNERS ASSOCIATION	
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Principal Place of Business 234 S. 6TH AVENUE P.O. BOX 1149 WAUCHULA, FL 33873-8149	Mailing Address 234 S. 6TH AVENUE P.O. BOX 1149 WAUCHULA, FL 33873-8149
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0129779	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, JOE L. JR. 234 S. SIXTH AVENUE P.O. BOX 1149 WAUCHULA, FL 33873
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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.

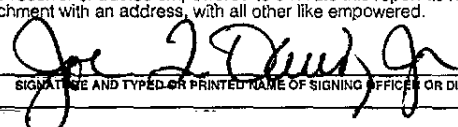
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JOE L JR. 322 MANLEY RD NE WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEE, JAMES V. JR. 707 OAK FOREST DRIVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINGATE, RUBEN A. 670 KISSIMMEE AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JOE L SR 234 S 6TH AVE PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000325192 04/23/05-80006-009..150.00</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Joe L. Davis, JR.** **4-18-05** **863-773-2128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #