

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

0000000000 K91589

1. Entity Name  
CITRUS MEADOWS DEVELOPMENT ASSOCIATES, INC.



Principal Place of Business  
% SAM F. HARDEE  
2216 64TH ST. CT. E.  
BRADENTON, FL 34208

Mailing Address  
% SAM F. HARDEE  
2216 64TH ST. CT. E.  
BRADENTON, FL 34208



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**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0129541

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 00000000  
00000000

## 6. Name and Address of Current Registered Agent

HARDEE, SAM F.  
2216 64TH ST. CT. E.  
BRADENTON, FL 34208

**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 000000  
0000000000

U000000345288  
04/30/05-80030-010 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HARDEE, SAM F.  
2216 64TH ST. CT. E.  
BRADENTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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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)(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 507, 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 #

Sam F. Hardee, 41605 7461873