2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: >

Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90165 048 ***158 75 DOCUMENT # M94401 HARDEE CAR COMPANY 40053253 Principal Place of Business Mailing Address 505 N. 6TH AVENUE P.O.BOX 1724 WAUCHULA, FL 33873 US WAUCHULA, FL 33873 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For, 65-0073089 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL, BILLY 3290 EAST MAIN ST 301 W. Bay St. WAUCHULA, FL 33873 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be ---- FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Defete TITLE X Change HILL, BILLY Hill, Billy NAME . NAME 301 W Bay Street STREET ADDRESS 3290 EAST MAIN STREET STREET ADDRESS CITY-ST-ZIP CLTY - ST - ZIP WAUCHULA, FL 33873 Wauchula FL 33873 ☐ Delete STD TITT F TITLE **™** Change ☐ Addition Hill, Janice 301 W Bay Street Wauchala, FL 33873 NAME HILL, JANICE NAME STREET ADDRESS STREET ADDRESS 3290 EAST MAIN STREAT CITY-ST-ZIP WAUCHULA, FL 33873 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Janice Hill

FILED

4/8/05