

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M94401 1. Entity Name HARDEE CAR COMPANY					
Principal Place of Business 505 N. 6TH AVENUE WAUCHULA, FL 33873 US			Mailing Address P.O. BOX 1724 WAUCHULA, FL 33873		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02272006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0073089				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, BILLY 301 W BAY ST WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, BILLY 301 W BAY ST WAUCHULA, FL 33873	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILL, JANICE 301 W BAY ST WAUCHULA, FL 33873	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			UN00000446470 03/08/06-80013-004 150.00		
SIGNATURE: <u>Janice Hill</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/3/06 773-6667 Date Daytime Phone #		