


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001034 1. Entity Name HARDEE SWIM ASSOCIATION, INC.	
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Principal Place of Business 3163 STATE ROAD 64 WEST WAUCHULA, FL 33873	Mailing Address 3163 STATE ROAD 64 WEST WAUCHULA, FL 33873
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0613479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGLISH, CANDACE
1006 W. MAIN STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, ANDREA 3163 STATE ROAD 64 WEST WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICKERSON, MARLENE 518 N ED WELLS ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENGLISH, CANDACE 1006 W MAIN STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, TERESA 125 N FIRST AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIVER, MARTHA 1410 W MAIN STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/04/05-80011-012 61.25

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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 617, 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: Martha Shiver 863-773-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #