


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90559 018 ***150.00

DOCUMENT # P00000041246	
1. Entity Name INVESTMENTS UNLIMITED OF HARDEE, INC.	

24054602

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01172004 Chg-P CR2E034 (10/03)

Principal Place of Business 409 S. 6TH AVE WAUCHULA, FL 33873	Mailing Address 409 S. 6TH AVE WAUCHULA, FL 33873
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2. Principal Place of Business 120 No 4th AVE Suite, Apt. #, etc.	3. Mailing Address 120 No 4th AVE Suite, Apt. #, etc.
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City & State WAUCHULA FL	City & State WAUCHULA FL
Zip 33873	Zip 33873
Country USA	Country USA

5. Name and Address of Current Registered Agent GRAHAM, JUDY 409 S. 6TH AVE WAUCHULA, FL 33873	
7. Name and Address of New Registered Agent Name JUDY GRAHAM Street Address (P.O. Box Number is Not Acceptable) 120 No 4th AVE City WAUCHULA FL Zip Code 33873	

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 <u>Judy Graham</u> DATE <u>1/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GRAHAM, JUDY 409 SO 6 AVE WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 No. 4th AVE. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <u>Judy Graham</u> <u>JUDY GRAHAM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/17/04</u> <u>863 7732637</u> <small>Date Daytime Phone #</small>