2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 08:00 AN Secretary of State **DOCUMENT # P01000118772** 1. Entity Name HARDEE TIMBER, INC. Mailing Address Principal Place of Business **426 NORTHEAST 264TH STREET** 426 NORTHEAST 264TH STREET **LAWTEY, FL** 32058 LAWTEY, FL 32058 CR2E034 (10/03) 03082005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3760924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature regulated when reinstating) United a support \$5.00 May Be 9. Election Campaign Financing 04/25/05-60153-01/ 150.60 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HARDEE, STEVEN W NAME STREET ADDRESS 426 NORTHEAST 264TH STREET CITY-ST-ZIP LAWTEY, FL 32058 TITLE HARDEE, HEATHER D NAME STREET ADDRESS 426 NORHTEAST 264TH ST. CITY-ST-ZIP LAWTEY, FL 32058 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 required or trustee employeered to meeting 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 otherwise empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED