

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000026586

1. Entity Name
HARDEE COUNTY TITLE & ABSTRACT COMPANY



Principal Place of Business
**107 EAST MAIN STREET
WAUCHULA, FL 33873**

Mailing Address
**107 EAST MAIN STREET
WAUCHULA, FL 33873**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0572606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STUART, JANET M
ONE LAKE MORTON DR.
LAKELAND, FL 33801**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000102800
04/05/04-80030-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REVELL, F L JR 107 STENSTROM ROAD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, J A III 117 N. ILLINOIS AVENUE WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENNETT, MARGARET C 2774 BRIAR PATCH ROAD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Margaret C. Bennett* **MARGARET C. Bennett** 4/2/04 863-773-2246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #