

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 027 \*\*\*150.00

**DOCUMENT # P95000068288**

1. Entity Name  
**FIRST HARDEE HOLDING CORPORATION**



Principal Place of Business  
**406 N. 6TH AVENUE  
WAUCHULA, FL 33873**

Mailing Address  
**P.O. BOX 966  
WAUCHULA, FL 33873**

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01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-3340210</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TERRELL, DEWEY M</b> <b>406 N. 6TH AVENUE</b> <b>WAUCHULA, FL 33873</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKIBBEN, JEFF J			NAME	Michael D. Manlèy		
STREET ADDRESS	406 N. 6TH AVENUE			STREET ADDRESS	P O Box 714		
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP	Wauchula, FL 33873		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRELL, DEWEY M			NAME	James K. Sellers		
STREET ADDRESS	406 N. 6TH AVENUE			STREET ADDRESS	P O Box 411		
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP	Wauchula, FL 33873		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, DEBORAH M			NAME			
STREET ADDRESS	406 N. 6TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, BUFORD E			NAME			
STREET ADDRESS	406 N. 6TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REVELL, F. L JR			NAME			
STREET ADDRESS	406 N. 6TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUSTICE, RICHARD K			NAME			
STREET ADDRESS	406 N 6TH AVE			STREET ADDRESS			
CITY-ST-ZIP	WAUCHULA, FL 33873			CITY-ST-ZIP			

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.

**SIGNATURE:** *Richard Justice* **Richard Justice VP** **1/26/07 8637734136**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #