

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 022 ***150.00

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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

40012333



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3340210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~TERRELL, DEWEY M~~ Justice, Richard K.
406 N. 6TH AVENUE
WAUCHULA, FL 33873

**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

1/23/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	D MANLEY, MICHAEL D PO BOX 714 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chairman of the Board TERRELL, DEWEY M 406 N. 6TH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, DEBORAH M 406 N. 6TH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JAMES K PO BOX 411 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVELL, F. L JR 406 N. 6TH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President / Director JUSTICE, RICHARD K 406 N 6TH AVE WAUCHULA, FL 33873

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Daytime Phone #

863-773-4134