

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000069987

1. Entity Name
HARDEE CITRUS MANAGEMENT, INC.



Principal Place of Business
**206 NORTH 6TH AVENUE
WAUCHULA, FL 33873**

Mailing Address
**P O BOX 1733
WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0952608

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**MCKIBBEN, JEFF J ESQ.
160 SOUTH 5TH AVENUE
SUITE 8
WAUCHULA, FL 33873**

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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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PSD
ALBRITTON, JOSEPH R
206 NORTH 6TH AVENUE
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALBRITTON, BENNY W
P.O. BOX 1784
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SEE, JAMES V JR.
P.O. BOX 875
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALBRITTON, BEN JR
206 N 6TH AVE
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000498081
04/22/06-80080-016 150.00**

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #