2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P99000091329 03-21-2008 90020 026 ***150.00 1. Entity Name HILL'S OF HARDEE, INC. Principal Place of Business Mailing Address 40049651 P.O. BOX 1966 2601 HIGHWAY 17 NORTH WAUCHULA, FL 33873 BOWLING GREEN, FL 33834 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 301 W<u>. Bau</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Wauchula 65-0955934 Not Applicable Zip Country \$8.75 Additional 33873 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Janice HILL JANICE Street Address (P.O. Box Number is Not Acceptable) 2601 HIGHWAY 17 NORTH **BOWLING GREEN, FL 33834** Wauchula 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE $\sim_{e^{0}}$. Signature, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** TITLE PSD Change Addition TITLE ☐ Delete Hill, Janice 301 W Bay St. NAME HILL, JANICE MAME STREET ADDRESS STREET ADDRESS 3290 W. MAIN STREET Wauchula, FL 33873 WAUCHULA, FL 33873 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or moster changed, or on an attachment with an address, where the corporation of the corporation or the receiver or most or changed. with all other like empowered.

FILED Mar 21, 2008 8:00 am