

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2005 8:00 am
Secretary of State

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04192005 No Chg-P CR2E034 (10/03)

DOCUMENT # 827213
 1. Entity Name
HARDEE'S FOOD SYSTEMS, INC.



Principal Place of Business
401 W. CARL KARCHER WAY ANAHEIM, CA 92801

Mailing Address
401 W. CARL KARCHER WAY ANAHEIM, CA 92801

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0732584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD PUZDER, ANDREW 6307 CARPINTERIA AVE. CARPINTERIA, CA 93013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWRY, DOUGLAS P 401 W. CARL KARCHER WAY ANAHEIM, CA 92801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WERNER, WILLIAM 505 N. 7TH STREET, STE. 2000 SAINT LOUIS, MO 63101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOLEY, WILLIAM P 601 RIVERSIDE AVE. JACKSONVILLE, FL 32204
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: *D Lowry* D LOWRY VP-TAX 4/21/05 714-774-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #