## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 734978**

1. Entity Name



## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90355 023 \*\*\*\*61.25

| Pincipal Place of Business   Mailing Address   Sal W S A23   Sept PT IST. NORTH   SUITE 300   SUITE     | CENTRAL FLORIDA MCDONALD'S OWNERS/OPERATORSASSOCIATION, INC.   |   |   |   |  |                                     | -29-2004 90333 02           | 5 01.20                                     |  |
|---|--|---|---|---|--|-------------------------------------|-----------------------------|---|--|
| SUMA TABLE  BLAND FL 3209  Courty  City & State  City & St  | Principal Plac   | e of Business   | Mailing Address   |   |  |                                     |                             |   |  |
| Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   MOORE   CR2E037 (11/03)  Only & State   4, FEI Number   59-1699928   Applied For   Not Applicable   Applied For   App  | 780 W GRANADA BLVD SUITE 300<br>ALTAMONTE SPRINGS FL 32714   |   | SUITE 300<br>ST. PETERSBURG FL 33702  |   |  | ER HIN BERIN IBNI IBFER FAN CITIS A | TH BIRTH BIRTH BY BY A      |   |  |
| City & State  City & State  City & State  City & State  Country  C  | 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |                                     |                             |   |  |
| Solidade     | Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   | M  | OORE CR2E                           | 037 (11/03)                 |   |  |
| 6. Name and Address of Current Registered Agent  WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  Due By May 1: 2003  PFL  Due  | City & State   |   | City & State  |   |  | 4. FEI Number                       | 59-1699928                  |   |  |
| WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A  R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept time obligations of registered agent.  SIGNATURE    FILE NOW: FEE IS \$61.25   | Zip  |   |   |   |  | 5. Certificate of S                 | Status Desired              |   |  |
| WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809    City   FL   Zip Code  |  | 6. Name and Address of Current  | Registered Agent  |   | Nome   | 7. Name and Ad-                     | dress of New Registere      | ed Agent                                    |  |
| Read of the second seco  |  | And the second second   |   |   | er er er er er er er er  | مستنى فيميته بهدد العادات           |                             | ~ <del></del>                               |  |
| B. 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   | 622  | 0 S ORANGE BLOSSOM TF   | AIL STE 400A  | STE 400A Street Add   |  | (P.O. Box Number is                 | Not Acceptable)             | •   |  |
| 6. 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 primed raine of registered agent and the 4 applicable.   (NOTE: Registered Agent sepature required when reveataling)   DATE  | UNL  | ANDO FL 32009   |   |   | City   |                                     |                             | ■ Zip Cod                                   | le   |
| SIGNATURE    Signature   Signa  |  |   |   |   |  |                                     |                             |   |  |
| SIGNATURE   Signat  |  |   | r the purpose of changing its   | registered  | d office or register   | red agent, or both, it              | n the State of Florida. I a | ım familiar with,                           | and accept   |
| Signature, typed or privided name of registered Agent agent and falle of appelicables.   (NOTE Registered Agent agent and vine of appelicables).   (NOTE Registered Agent agent and vine of appelicable).   (NOTE Registered Agent    |  |   |   |   |  |                                     |                             |   |  |
| FILE NOW: FEE IS \$61.25  Due By May 1; 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  LOPEZ, L  NAME SIRRET ADDRESS CITY-ST-ZIP  WRIGHT, TIM NAME SIRRET ADDRESS CITY-ST-ZIP  NAME SIRRET ADD | SIGNATURE  |   |   |   |  |                                     |                             |   |  |
| Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   PD  |  | Signature, typed or printed name of registered agent  | and litle if applicable. (NOT   | E: Registered A   | Agent signature required   | d when reinstating)                 | DAT                         | E   |  |
| TITLE LOPEZ, L Delete LOPEZ, L  | 「表記とは、は、「Andrew Company Comp |   |   |   | nancing  | CE 00                               | Make Ch                     | ock Doveble                                 | 200  |
| LOPEZ, L 12515 FINGEST CT 12515 FINGEST CT ORLANDO FL 32837  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-Z  |  | inter a sur anni Paris de Sant de Languaga de La companya de la companya de la companya de la companya de la c  |   |   |  |                                     |                             |   |  |
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| CITY-ST-ZIP  VPD WRIGHT, TIM STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE  | OFFICERS AND DI   | Trust Fund (  | 11.   | in. 🗆  | Added to Fees                       | Florida Dep                 | DIRECTORS IN                                | State<br>I 10                                      |
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| CITY-ST-ZIP  LONGWOOD FL  SD  MORTON, ROGER  MORTON, ROGER  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  WATSON, JEFF  6220 S ORANGE BLOSOOM TRAIL STE 400A ORLANDO FL 32809  ORLANDO FL 32809  ORLANDO STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Due By May 1, 2004  OFFICERS AND DIE PD LOPEZ, L 12515 FINGEST CT ORLANDO FL 32837  | Trust Fund (  | 11. TITLE NAME STREET CITY-S  | T ADDRESS  | Added to Fees                       | Florida Dep                 | DIRECTORS IN Change                         | State J 10 Addition                                |
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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 617, 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:

SCRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR