

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90355 023 ****61.25

DOCUMENT # 734978

1. Entity Name

CENTRAL FLORIDA MCDONALD'S
OWNERS/OPERATORS ASSOCIATION, INC.



Principal Place of Business

224 W SR 436
780 W GRANADA BLVD SUITE 300
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

9800 4TH ST. NORTH
SUITE 300
ST. PETERSBURG FL 33702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1699928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JEFF
6220 S ORANGE BLOSSOM TRAIL STE 400A
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOPEZ, L
STREET ADDRESS 12515 FINGEST CT
CITY-ST-ZIP ORLANDO FL 32837

TITLE VPD ☐ Delete
NAME WRIGHT, TIM
STREET ADDRESS 31 STONEGATE N
CITY-ST-ZIP LONGWOOD FL

TITLE SD ☐ Delete
NAME MORTON, ROGER
STREET ADDRESS 5255 MILLSTREAM DR.
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ Delete
NAME WATSON, JEFF
STREET ADDRESS 6220 S ORANGE BLOSSOM TRAIL STE 400A
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Jeff Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-859-7123