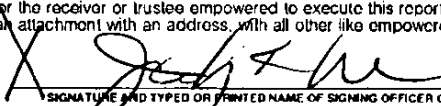


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90024 014 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1699928	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agents signature required when terminating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD STRAUB, BOB 819 CHENEY HIGHWAY TITUSVILLE FL 32780	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Ania Nitzsche 17611 Deer Isle Winter Garden FL 32487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD PETRAKIS, JOHN 2789 WRIGHTS RD. STE. 1001 OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary Diane Reed 2150 West Dale Circle Deland FL 32720	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD MORTON, ROGER 4123 NEPTUNE RD. SAINT CLOUD FL 34769	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WATSON, JEFF 6220 S ORANGE BLOSSOM TRAIL STE 400A ORLANDO FL 32809	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  5/29/07					