2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000371

1. Entity Name
CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF WASHINGTON, D.C., INC.

Principal Place of Business	Mailing Address
4300 WEST CYPRESS STREET SUITE 600 TAMPA, FL 33607	4300 WEST CYPRESS STREET SUITE 600 TAMPA, FL 33607

02082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2213637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WYLAND, RONALD G
STREET ADDRESS	1410 N. CRAIN HWY
CITY-ST-ZIP	GLEN BURNE, MD 21061
TITLE	TD
NAME	SMITH, JAY
STREET ADDRESS	15942 SHADLY GROVE RD
CITY-ST-ZIP	GAITHERSBURG, MD 20877
TITLE	SD
NAME	MARTIN, KEITH
STREET ADDRESS	1410 N. CRAIN HWY., #9A
CITY-ST-ZIP	GLEN BURNE, MD 21061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80030-006 61.25

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12. I hereby certify that the information supplied with this filing 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 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: Ronald G. Wyland 2-6-06 813-229-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ron Wyland, President