

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010056

FILED
Jan 28, 2009
Secretary of State

Entity Name: SOUTHWEST MCDONALD'S MARKETING ASSOCIATION, INC.

Current Principal Place of Business:

1855 VETERANS PARK DR
SUITE 203
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1855 VETERANS PARK DR
SUITE 203
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-0464079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'REILLY, THOMAS F
1855 VETERANS PARK DR
SUITE 206
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FREDERIC, TIM VP
Address: 1715 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990 US

Title: PD () Delete
Name: ADAMS, MICHAEL L PRES
Address: 1855 VETERAN'S PARK DR SUITE 203
City-St-Zip: NAPLES, FL 34109 US

Title: T () Delete
Name: O'REILLY, THOMAS F TREAS
Address: 2340 BROADWING CT
City-St-Zip: NAPLES, FL 34105 US

Title: SD () Delete
Name: TREGUNO, DARLENE SEC
Address: 11869 GRAND ISLES LANE
City-St-Zip: FORT MYERS, FL 33913 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F O'REILLY

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01/28/2009

Electronic Signature of Signing Officer or Director

Date