


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000001723 1. Entity Name CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF ORLANDO, INC.	
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Principal Place of Business 4300 WEST CYPRESS STREET SUITE 600 TAMPA, FL 33607 US	Mailing Address 6225 LINNEAL BCH APOPKA, FL 32703 US
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05192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2053097	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MOORE, THOMAS 6225 LINNEAL BEACH DR. APOPKA, FL 32703
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**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOORE, THOMAS E 6225 LINNEAL BCH DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DRIGGERS, KATHLEEN 218 PAUL MC CLURE CT. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TURER, RICHARD 4300 W CYPRESS ST #600 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOY, CRAIG 1777 ST PAULS DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000367911  
05/23/05-80006-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: Thomas E Moore **THOMAS MOORE** 05/19/05 407 291-2436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone