


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000097619
1. Entity Name
MCDONALD'S TAMPA BAY R.O.A., INC.



Principal Place of Business
**C/O CLAUDIA STRAW
PO BOX 40888
ST. PETERSBURG, FL 33743**

Mailing Address
**C/O CLAUDIA STRAW
PO BOX 40888
ST. PETERSBURG, FL 33743**



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3676391 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STRAW, CLAUDIA
1301 66TH ST N
SAINT PETERSBURG, FL 33710**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	C PRADO, JC C/O CLAUDIA STRAW PO BOX 40888 SAINT PETERSBURG, FL 33743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC VELIZ, ANGEL C/O CLAUDIA STRAW PO BOX 40888 SAINT PETERSBURG, FL 33743
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04/28/05-80103-019 150.00

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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 607, 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: *Jason Clark* **RHC Chair** 4/28/05 813-264-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #