


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

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90034 046 \*\*\*\*70.00

<b>DOCUMENT # N33996</b>					
1. Entity Name TAMPA CRUIS-A-CADE CLUB, INC.					
Principal Place of Business TAMPA CRUIS-A-CADE CLUB 700 W. ROSS AVE. TAMPA, FL 33603 US			Mailing Address PO BOX 7686 TAMPA, FL 33673 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-6176972				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, LINDA 8113 NO. HUBERT AVE. TAMPA, FL 33614			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PO	Delete <input type="checkbox"/>	TITLE	Rear Commodore (VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, JON		NAME	Jon michael	
STREET ADDRESS	6101 COTTAGE GROVE CR.		STREET ADDRESS	6101 cottage grove circle	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	valrico fl 33594	
TITLE	PO	Delete <input type="checkbox"/>	TITLE	Commodore (PO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DEANNA		NAME	Deanna Johnson	
STREET ADDRESS	3322 W BRADDOCK ST.		STREET ADDRESS	3322 Braddock St	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa fl 33607	
TITLE	S	Delete <input type="checkbox"/>	TITLE	Vice Commodore (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, CHERYL		NAME	Greg gregory	
STREET ADDRESS	1004 W. KENTUCKY AVE.		STREET ADDRESS	8732 Bay Crest Lane	
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP	Tampa fl 33615	
TITLE	T	Delete <input type="checkbox"/>	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, LINDA		NAME	Tom Thompson	
STREET ADDRESS	8113 NO. HUBERT AVE.		STREET ADDRESS	8113 No Hubert ave	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa fl 33614	
TITLE		Delete <input type="checkbox"/>	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bill Johnson	
STREET ADDRESS			STREET ADDRESS	3322 W. Braddock St	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa fl 33607	
TITLE		Delete <input type="checkbox"/>	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Darren Tucker	
STREET ADDRESS			STREET ADDRESS	1004 W. Kentucky ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa fl 33603	
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: <i>Linda Thompson</i>			Date: <i>1-22-05</i>		Daytime Phone #: <i>8132404954</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					