

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K43898
1. Entity Name
NATIONAL CYLINDER HEAD EXCHANGE OF TAMPA, INC.



Principal Place of Business Mailing Address
% CHARLES M. LANTRY JR
4408 NORTH THATCHER AVE
TAMPA, FL 33614 % CHARLES M. LANTRY JR
4408 NORTH THATCHER AVE
TAMPA, FL 33614



04262006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2919190 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GINN, KELLY J
4408 NORTH THATCHER AVE.
TAMPA FL, FL 33614

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD GINN, KELLY J 4408 NORTH THATCHER AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MONTEITH, ROY K 4408 NORTH THATCHER AVE. TAMPA, FL 33614
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05/16/06-80058-017 150.00

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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 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 ~~the~~ empowered.

SIGNATURE: R. Monteith Roy K. Monteith 4/26/06 (813) 870-6340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #