2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90015 030 ****61.25

DOCUMENT # N06689

1. Entity Name
TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.

Principal Place of Business	Mailing Address
3110 JULIA CIRCLE NORTH TAMPA, FL 33629 US	P.O. BOX 290464 TAMPA, FL 33612 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2872115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, JR., DONALD
3110 JULIA CIRCLE, NORTH
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name: LARRY BUCKLEY
Street Address (P.O. Box Number is Not Acceptable): 9920 A LA VISTA DR
City: GIBSONTON **FL** Zip Code: 33534

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: L E Buckley Jr. DATE: 1/27/04
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 May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCKLEY, LARRY 9920 A LA VISTLA DR. GIBSONTON, FL 33534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARLOFF, LINDA 8732 SKIPMASTER DR. NEW PORT RICHEY, FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATRICIA S. PARRISH 932 NEWBERGEN RD LUTZ, FL 33549 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FARMERIE, BRIAN 9850 AMAZAON DR. NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DANIEL BOWDISH 13901 LAZY OAK DR. TAMPA, FL 33613 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TIMONIER, JEFF 17826 EAST RD. HUDSON, FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JANICE PORTER P.O. BOX 3725 PLANT CITY, FL 33564 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1/27/04 813-949-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #