

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 032 ****61.25

DOCUMENT # N06639 1. Entity Name TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.					
Principal Place of Business 3110 JULIA CIRCLE NORTH TAMPA, FL 33629 US			Mailing Address P.O. BOX 290464 TAMPA, FL 33612 US		
2. Principal Place of Business 832 Newberger Road Suite, Apt. #, etc.			3. Mailing Address 832 Newberger Road Suite, Apt. #, etc.		
City & State Lutz, FL			City & State Lutz, FL		
Zip 33549		Country USA		4. FEI Number 59-2872115	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUCKLEY, LARRY 9920 ALAVISTA DR. GIBSONTOWN, FL 33534			7. Name and Address of New Registered Agent 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 <u><i>Larry Buckley</i></u> <u>Larry Buckley</u> <u>3/11/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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. GIBSONTOWN, FL 33534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRISH, PATRICIA S 832 NEW BEUYER RD LUTZ, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Patricia S. Parrish 832 Newberger Rd. Lutz, FL 33549 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWDISH, DANIEL 13901 LARY OAK DR. TAMPA, FL 33613	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jeff Timonier 1316 Oxford Dr., Lutz, FL 33549 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, JANICE PO BOX 3725 PLANT CITY, FL 33564	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: <u><i>Patricia S. Parrish</i></u> <u>Patricia S. Parrish</u> <u>3/11/05</u> <u>813-949-9148</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					