2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N06689

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

Principal Place of Business	Mailing Address
832 NEWBERGER ROAD LUTZ, FL 33549 US	832 NEWBERGER ROAD LUTZ, FL 33549 US

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01232006 No Chg-NP CR2E037 (11/05)

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

BUCKLEY, LARRY
9920 ALAVISTA DR.
GIBSONTON, FL 33534

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCKLEY, LARRY
STREET ADDRESS	9920 A LA VISTLA DR.
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	T
NAME	PARRISH, PATRICIA S
STREET ADDRESS	832 NEW BEUYER RD.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	TIMONIER, JEFF
STREET ADDRESS	1316 OXFORD DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	SD
NAME	PORTER, JANICE
STREET ADDRESS	PO BOX 3725
CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/06-80016-009 61.25

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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 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: _____ PATRICIA S. PARRISH 1/23/06 813-949-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #