

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N06689 1. Entity Name TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.	
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Principal Place of Business 832 NEWBERGER ROAD LUTZ, FL 33549 US	Mailing Address 832 NEWBERGER ROAD LUTZ, FL 33549 US
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP CR2E037 (4/06)

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. GIBSONTOWN, FL 33534

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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: *Larry Buckley* DATE: 2/9/07
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when constituting)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKLEY, LARRY 9920 A LA VISTLA DR. GIBSONTOWN, FL 33534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRISH, PATRICIA S 832 NEW BEUYER RD. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMONIER, JEFF 1316 OXFORD DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, JANICE PO BOX 3725 PLANT CITY, FL 33564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80029-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Larry Buckley* *Patricia S. Parrish* 2/9/07 813-924-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dailing Phone #