2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90028 018 ****61.25

DOCUMENT # N06689

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

40013559

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

01202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
BUCKLEY, LARRY 9920 ALAVISTA DR. GIBSONTON, FL 33534	Name JEFFREY A TIMONIER Street Address (P.O. Box Number is Not Acceptable) 17850 EAST RD City HUDSON FL Zip Code 34667

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 Jeffrey A Timonier 1-24-08
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, 2008

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	P = Jeffrey Timonier 17850 EAST RD HUDSON, FL 34667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARRISH, PATRICIA S 832 NEW BEUYER RD. LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TIMONIER, JEFF 1316 OXFORD DR LUTZ, FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V = Bryon Wade 24015 Timbersel Ct Lutz, FL 33559	☒ 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	S = Cindy Buckley 9920 ALAVISTA DR Gibsonton FL 33534	☒ 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 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 PATRICIA S. PARRISH 1-24-08 813-949-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1