

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V04021**

1. Entity Name  
**TRUE LINE CORING & CUTTING OF TAMPA, INC.**



Principal Place of Business  
**6014 W WATERS AVE  
TAMPA, FL 33634-1123 US**

Mailing Address  
**120 W 72ND SUITE 200  
KANSAS CITY, MO 64114 US**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3098370</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NARTKER, THOMAS  
6430 NEAL ROAD  
FT MYERS, FL 33905**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	NARTKER, THOMAS A
STREET ADDRESS	6430 NEAL ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905

TITLE	P
NAME	ALEXANDER, JAMES M
STREET ADDRESS	6014 W. WATERS AVE
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	ST
NAME	WILLIAMS, DAVID
STREET ADDRESS	12810 KODIAK AVE
CITY-ST-ZIP	HUDSON, FL 34657

TITLE	VP
NAME	WILLIAMS, DAVID
STREET ADDRESS	12810 KODIAK AVE
CITY-ST-ZIP	HUDSON, FL 34657

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000517269  
05/01/06 80039-002 150.00

**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06

Date

813-885-4401

Daytime Phone #