

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
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**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3098370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2007 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 34667
TITLE	VP
NAME	WILLIAMS, DAVID
STREET ADDRESS	12810 KODIAK AVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

J. Matthew Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07
Date

Daytime Phone #