2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# N06000009974

Entity Name: TRIBESMEN, INC.

Current Principal Place of Business:

10302 DEERWOOD PARK BLVD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10302 DEERWOOD PARK BLVD.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEEMS, CHARLES S IV
10302 DEERWOOD PARK BLVD.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WEEMS, CHARLES S IV	
Address:	11729 EXMOOR COURT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	WEEMS, KERRI	
Address:	11729 EXMOOR COURT	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	STD	( ) Delete
Name:	MUSSELLS, CONNIE A	
Address:	2375 COVINGTON CREEK CIRCLE E	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	VD	(X) Delete
Name:	STINE, DAVID	
Address:	3887 HARTWOOD LANE	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	PRICE, JAMES	
Address:	8820 CHAMBORE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	V	(X) Delete
Name:	WEEMS, KERRI IV	
Address:	11729 EXMOOR COURT	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE A. MUSSELLS STD 01/23/2007
Electronic Signature of Signing Officer or Director — Date