

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000096277

1. Entity Name
TWELVE TRIBES, INC



Principal Place of Business
1330 W LAKE PARKER DR
LAKELAND, FL 33805

Mailing Address
1330 W LAKE PARKER DR
LAKELAND, FL 33805



02182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0184933	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

LAMBERT, WINSTON E
1330 W LAKE PARKER DR
LAKELAND, FL 33805

**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

Velma M Lambert

4-19-07

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

(NOTE: Registered Agent signature required when restate)

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

U00000727325
05/04/07-80044-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAMBERT, WINSTON E
STREET ADDRESS 1330 W LAKE PARKER DR
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D
NAME LAMBERT, VELMA M
STREET ADDRESS 1330 W LAKE PARKER DR
CITY-ST-ZIP LAKELAND, FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Velma M Lambert

4-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *