

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000004329

1. Entity Name  
TWELVE KINGS, INC.



Principal Place of Business

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458 US

Mailing Address

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458 US

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0720018

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

TAYLOR, WILLIAM E  
630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD SOLOMON, JOHN C II 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAZIOTTO, RAYMOND E 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *William E. Taylor* William E. Taylor CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07 561-625-9443