

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM

DOCUMENT # P96000067553

1. Entity Name
TRIBAL VILLAGE, INC.



Principal Place of Business
**1125 GILLS DR
800
ORLANDO, FL 32824 US**

Mailing Address
**6084 PAISLEY DR.
NORTH OLMSTED, OH 44070 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3399549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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	D
NAME	GEHRING, JAMES JR
STREET ADDRESS	1125 GILLS DR #800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	GEHRING, JAMES III
STREET ADDRESS	1125 GILLS DR #800
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/07-80033-009 158.75

**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

Date

Daytime Phone #

James H Gehring, Jr *2-21-07* *440 779 7692*