


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # 444491 1. Entity Name "3" RIVERS, INC.	
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Principal Place of Business 4345 JACKSON VIEW DR TALLAHASSEE, FL 32303 US	Mailing Address 4345 JACKSON VIEW DR TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1519568	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

DERZYPOLSKI, STANLEY J.
4345 JACKSON VIEW DRIVE
TALLAHASSEE, FL 32303

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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: *Stanley J. Derzypolski* 3-8-08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS DERZYPOLSKI, STANLEY J 4345 JACKSON VIEW DR TALLAHASSEE, FL 32303
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 03/27/08-80056-003 150.00

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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: *Stanley J. Derzypolski* 3-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #