

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022625

Entity Name: 3 RIVERS NURSERY INC

FILED  
Jan 19, 2010  
Secretary of State

**Current Principal Place of Business:**

468 SW EVERGREEN COURT  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

468 SW EVERGREEN COURT  
FORT WHITE, FL 32038

**New Mailing Address:**

FEI Number: 57-1199959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'QUINN, JUDY W  
468 SW EVERGREEN CT  
FORT WHITE, FL 32038 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: O'QUINN, CLAYTON S  
Address: 468 SW EVERGREEN COURT  
City-St-Zip: FORT WHITE, FL 32038

Title: VP  
Name: O'QUINN, JUDY W  
Address: 468 SW EVERGREEN COURT  
City-St-Zip: FORT WHITE, FL 32038

Title: S  
Name: WEAKLAND, KAREN K  
Address: 468 SW EVERGREEN COURT  
City-St-Zip: FORT WHITE, FL 32038

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN WEAKLAND

SEC

01/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date