

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109689

Entity Name: 3 RIVERS RAILROAD CO.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

871 NW GUERDON STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PO BOX 1829
LAKE CITY, FL 32056

New Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32055

FEI Number: 59-3633158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREIBER, BRIAN P
871 NW GUERDON STREET
LAKE CITY, FL 32055 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 () Delete
Name: ANDERSON, JOE H. JR
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: SCHREIBER, BRIAN P
Address: 871 NW GUERDON STREET
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, JOE H. JR
Address: HWY 349 N
City-St-Zip: OLD TOWN, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN SCHREIBER

SECR

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date