

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90063 042 ***150.00

DOCUMENT # 810803

1. Entity Name
3 RIVER ESTATES INC.



Principal Place of Business
3760 NW 83RD ST
STE 1
GAINESVILLE, FL 32606 US

Mailing Address
3760 NW 83RD ST
STE 1
GAINESVILLE, FL 32606 US

60009163



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0798132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HODOR, HOWARD
3760 NW 83RD ST STE 1
GAINESVILLE, FL 32606

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HODOR, HOWARD
STREET ADDRESS	3760 NW 83RD ST STE 1
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	WEINSTEIN, GERALD
STREET ADDRESS	19101 CROYDEN TERR.
CITY-ST-ZIP	IRVINE, CA
TITLE	SD
NAME	HODOR, JUDY
STREET ADDRESS	7814 SW 88TH TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1-25-06 352.336.3996