2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Andrew Hodor, Pres.

FILED Apr 07, 2005 8:00 am Secretary of State 04-07-2005 90016 042 ***150.00

(352) 336-

3996

P03000110208 1. Entity Name THREE RIVERS FARMS DEVELOPMENT GROUP, INC.				130.00
Principal Place of Business 240 NW 76TH DRIVE SUITE D GAINESVILLE, FL 32607		Mailing Address 240 NW 76TH DRIVE SUITE D GAINESVILLE, FL 3260	7	I DEDUKERI AN EDIGER KIRK DANN BEKIR PERKE SIJEK SIRIK ARME SIJAK EDIGE DANDAN NI KERI
Principal Place of Business 3760 NW 83rd Street		3. Mailing Address 3760 NW 83	rd Ctroot	
Suite Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	ra screer	01192005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For
Gainesville, FL		Gainesvill	e, FL Country	33-1073291 Not Applicable 5 Captilizate of Steam Decision \$8.75 Additional
32606	USA	32606	USA	5. Certificate of Status Desired Fee Required
Name and Address of Current Registered Agent				HODOR, ANDREW
HODOR, A 240 NW 76			Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE D	LLE. FL 32607		3760	NT 02 1 0
GAINESVII	LLE, FL 32001		074	NW 83rd Street, Suite 1 ainesville, FL Zip Code 32606
8. The above named entity Aubmits this statement for the purpose of changing its regist				
	ons of registered agent.	#	v	*
SIGNATURE_	Sign stores, typed or printed nume of registered	agent and title if applicable. (NOT)	E Registered Agent signature	ra raquired when renstaking) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5			\$5.00 May Be Added to Fees
10.	OFFICERS PVP	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
AAME STREET ADDRESS CHY-SI-ZIP	HODOR, ANDREW 240 NW 76TH DR., STE D GAINESVILLE, FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HODOR, ANDREW 3760 NW 83rd Street, Suite 1 Gainesville, FL 32606
गा∪्र	ST	☐ Delete	TITLE	X Change ☐ Add lion
NAME STREET ADDRESS CITY-ST-ZIP	MALLINI, JUD T 240 NW 76TH DR., STE D GAINESVILLE, FL 32607		NAME STREET ADDRESS CITY-ST-ZIP	MALLINI, JUD T. 3760 NW 83rd Street, Suite 1 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY+ST-ZIP		C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Addition
NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS OTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITUE NAME STREUT ADDRESS OHY-ST-ZIP		☐ Delde	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	l on this report or supplemental re rporation or the receiver or trustee	port is true and accurate and that i	my signature shall har t as required by Chap	ted in Section 119.07(3)(i), Florida Statutes, I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director upter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if