

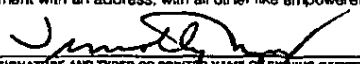


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/12/

FILED
Jul 12, 2004 8:00 am
Secretary of State

05-12-2004 90499 001 ***300.00

DOCUMENT # P03000128273 1. Entity Name THREE RIVERS OUTFITTERS, INC.					
Principal Place of Business 7794 US HWY 27 BRANFORD, FL 32008			Mailing Address 7794 US HWY 27 BRANFORD, FL 32008		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66429792 	
City & State		City & State		4. FEI Number 20-0357965	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAGY, TIMOTHY 22230 111TH DR O'BRIEN, FL 32071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, TIMOTHY 22230 111TH DR O'BRIEN, FL 32071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DOWDY ELIZABETH 22230 111TH DR O'BRIEN, FL 32071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, ELIZABETH 22230 111TH DR O'BRIEN, FL 32071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DOWDY, TRACY 22230 111TH DR O'BRIEN, FL 32071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, TRACY 22230 111TH DR O'BRIEN, FL 32071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			09 MAY 2004 386-935-924		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

66429792

THREE RIVERS OUTFITTERS, INC.

7794 US HWY 27
BRANFORD, FLORIDA 32008
386-935-0124

July 7, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: P03000128273

Sir or Madam:

Attached you'll find the 2004 Annual Report having the corrected FEIN entered in block 4 as requested. I apologize for the late response, but since I am in the Army Reserve, I've been away more than not. I recently received a Notice of Intent To Dissolve which prompted me to call the Division of Corporations. I was informed that a notice was sent to me requesting the FEIN. I just found the letter filed away improperly.

I sincerely hope this resolves the filing issue. Please so inform me if there still remains a problem. Thank you.



Timothy Nagy
Three Rivers Outfitters, Inc.