

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90003 044 ***550.00

DOCUMENT # P04000035595

1. Entity Name
THREE RIVERS LAND DEVELOPMENT INC.



44050657



MOORE CR2E034-(4/04)

Principal Place of Business Mailing Address
 P.O.BOX 1118 P.O.BOX 1118
 700 MARINE STREET 700 MARINE STREET
 CARRABELLE FL 32322 CARRABELLE FL 32322
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
03-0532424 Not Applicable

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

6. Name and Address of Current Registered Agent
MILLENDER, FARRIS V
700 MARINE STREET
CARRABELLE FL 32322

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME MILLENDER, FARRIS V
 STREET ADDRESS 700 MARINE STREET
 CITY-ST-ZIP CARRABELLE FL 32322

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SEC Delete
 NAME MILLENDER, JOHNNY C
 STREET ADDRESS 700 MARINE STREET
 CITY-ST-ZIP CARRABELLE FL 32322

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME WALKER, IVAN W
 STREET ADDRESS 700 MARINE STREET
 CITY-ST-ZIP CARRABELLE FL 32322

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-28-04** Daytime Phone #: **697-3301**