## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000043876

253 LEON DRIVE

SUWANNEE, FL 32696

Address: City-St-Zip:

Entity Name: SUWANNEE RIVER TRIO. INC.

FILED Sep 06, 2005 Secretary of State

Littly Na	ille. SOVVAINI	NEE RIVER TRIO, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
253 LEON SUWANN	DRIVE EE, FL 32692				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ARE CIRCLE E, FL 32578				
FEI Number	: 41-2132596	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above	DRIVE EE, FL 32692	US submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
		ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) HANSON, THEO 2044 KILDARE NICEVILLE, FL	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HANSON, THE 5108 PRESTW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S/T ( ) HALL, THOMAS	Delete S A	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS A. HALL S/T 09/06/2005