

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164425

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** THREE RIVERS BUILDING, INC.

**Current Principal Place of Business:**

5175 SOUTH RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

5175 S RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

**Current Mailing Address:**

5175 SOUTH RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

**New Mailing Address:**

396 WINDY OAKS CIRCLE  
RICHMOND, KY 40475 US

**FEI Number:** 20-2013490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, MARIE E  
5175 SOUTH RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

RUSSELL, MARIE E  
5175 S RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

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.

SIGNATURE:

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: FLYNN, RONNIE J P  
Address: 396 WINDY OAKS CIRCLE  
City-St-Zip: RICHMOND, KY 40475 US

Title: MS  
Name: FLYNN, SHARON L TRES  
Address: 396 WINDY OAKS CIRCLE  
City-St-Zip: RICHMOND, KY 40475 US

Title: MR  
Name: RUSSELL, ROBERT B VP  
Address: 5175 S RIVERVIEW CIRCLE  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MS  
Name: RUSSELL, MARIE E SEC  
Address: 396 WINDY OAKS CIRCLE  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MR.  
Name: ROGERS, PERRY A  
Address: 5175 S RIVERVIEW CIRCLE  
City-St-Zip: HOMOSASSA, FL 34448 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON L FLYNN

MS

04/12/2010

Electronic Signature of Signing Officer or Director

Date