

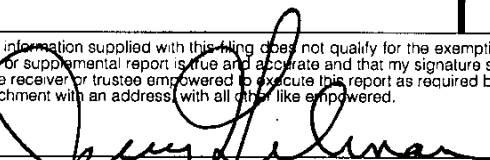


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000001944		
1. Entity Name THREE RIVERS RESIDENTIAL SERVICES, INC.		
Principal Place of Business 2827 AINTREE LANE 201 NAPLES, FL 34112	Mailing Address 2827 AINTREE LANE 201 NAPLES, FL 34112	 01102008 No Chg-P CR2E034 (11/05) 4. FEI Number 20-4068493 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GILMAN, JERRY 2827 AINTREE LANE 201 NAPLES, FL 34112		
DO NOT WRITE IN THIS SPACE		
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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000784834 01/16/08-80071-016 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILMAN, JERRY 2827 AINTREE LANE NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILMAN, DONNA J 2827 AINTREE LANE NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 01/14/08 Daytime Phone 239-293-9675