

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068125

**Entity Name:** TWO RIVERS F & B, INC.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

785 PORT LEON DR  
ST MARKS, FL 32355

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 275  
ST MARKS, FL 32355

**New Mailing Address:**

**FEI Number:** 27-3282973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWE, FRANCES CASEY  
FRANCES CASEY LOWE, P.A.  
3042 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSDC  
**Name:** FIELD, GAIL  
**Address:** 210 SHELL ISLAND ROAD  
**City-St-Zip:** ST MARKS, FL 32355

**Title:** DVP  
**Name:** FIELD, DAVID  
**Address:** 210 SHELL ISLAND ROAD  
**City-St-Zip:** ST MARKS, FL 32355

**Title:** DVP  
**Name:** BEVIS, JAMES  
**Address:** 210 SHELL ISLAND ROAD  
**City-St-Zip:** ST MARKS, FL 32355

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:** GAIL H. FIELD

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date