


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 038 ***158.75

DOCUMENT # P94000059085 1. Entity Name TWIN RIVERS ENTERPRISE, INC.	
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Principal Place of Business 3931 FERN GLEN DRIVE JACKSONVILLE, FL 32211	Mailing Address 3931 FERN GLEN DRIVE JACKSONVILLE, FL 32211
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J00000044



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3268123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, CALEB JR 3931 FERN GLEN DRIVE JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CALEB JR 3931 FERN GLEN DRIVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, FRED 102 EAST WASHINGTON STREET DEMOPOLIS, AL 36732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WORTHY, WALTER A. 3931 FERN GLEN DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O White, Carmen A. 14645 MARSHVIEW DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Caleb White Jr* **CALEB White, Jr - Pres.** 1-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Electronic Filing