

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000059085

**FILED**  
**Apr 08, 2005**  
**Secretary of State****Entity Name:** TWIN RIVERS ENTERPRISE, INC.**Current Principal Place of Business:**3931 FERN GLEN DRIVE  
JACKSONVILLE, FL 32211**New Principal Place of Business:****Current Mailing Address:**3931 FERN GLEN DRIVE  
JACKSONVILLE, FL 32211**New Mailing Address:****FEI Number:** 59-3268123**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WHITE, CALEB JR  
3931 FERN GLEN DRIVE  
JACKSONVILLE, FL 32211 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:** D ( ) Delete  
**Name:** WHITE, CALEB JR  
**Address:** 3931 FERN GLEN DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32211**Title:** D ( ) Delete  
**Name:** MOORE, FRED  
**Address:** 102 EAST WASHINGTON STREET  
**City-St-Zip:** DEMOPOLIS, AL 36732**Title:** O ( ) Delete  
**Name:** WORTHY, WALTER A  
**Address:** 3931 FERN GLEN DR.  
**City-St-Zip:** JACKSONVILLE, FL 32277**Title:** O ( ) Delete  
**Name:** WHITE, CARMEN A  
**Address:** 14645 MARSH VIEW DR  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** O ( ) Change (X) Addition  
**Name:** WALKER, FRANK T  
**Address:** PO BOX 8195  
**City-St-Zip:** JACKSONVILLE, FL 32239

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.

**SIGNATURE:** CALEB WHITE JR.

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04/08/2005

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