


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 003 ***158.75

| | | | | | |
|---|-----------------------------|--|--|---|--|
| DOCUMENT # P94000059085 | | | |  | |
| 1. Entity Name TWIN RIVERS ENTERPRISE, INC. | | | | | |
| Principal Place of Business 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211 | | | Mailing Address 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 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 | | | 7. Name and Address of New Registered Agent | | |
| WHITE, CALEB JR 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | O | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WHITE, CALEB JR | | NAME | Huey, Louise R.A. | |
| STREET ADDRESS | 3931 FERN GLEN DRIVE | | STREET ADDRESS | 209 W. Church St | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | | CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, FRED | | NAME | | |
| STREET ADDRESS | 102 EAST WASHINGTON STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEMOPOLIS AL 36732 | | CITY-ST-ZIP | | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WORTHY, WALTER A | | NAME | | |
| STREET ADDRESS | 3931 FERN GLEN DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32277 | | CITY-ST-ZIP | | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, CARMEN A | | NAME | | |
| STREET ADDRESS | 14645 MARSH VIEW DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | | CITY-ST-ZIP | | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, FRANK T | | NAME | | |
| STREET ADDRESS | PO BOX 8195 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32239 | | CITY-ST-ZIP | | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Huey, Louise R.A. CW | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Caleb White, Jr.* Caleb White, Jr. - President 3-13-06 904-743-2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #