

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# P96000081540

Entity Name: 3 RIVERS FARMS ENTERPRISES, INC.

Current Principal Place of Business:

468 S.W. EVERGREEN COURT
FORT WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

468 SW EVERGREEN CT
FORT WHITE, FL 32038 US

New Mailing Address:

FEI Number: 59-3402613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAKLAND, KAREN K
468 SW EVERGREEN CT
FORT WHITE, FL 32038 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: P () Delete
Name: MILLER, MICHAEL L
Address: 468 SW EVERGREEN CT
City-St-Zip: FORT WHITE, FL 32038

Title: VP () Delete
Name: MILLER, ANN M
Address: 468 SW EVERGREEN CT
City-St-Zip: FORT WHITE, FL 32038

Title: CEO (X) Delete
Name: O'QUINN, CLAYTON S
Address: 188 SW EVERGREEN COURT
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, MICHAEL L
Address: 468 SW EVERGREEN CT
City-St-Zip: FORT WHITE, FL 32038

Title: STD (X) Change () Addition
Name: MILLER, ANN M
Address: 468 SW EVERGREEN CT
City-St-Zip: FORT WHITE, FL 32038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN WEAKLAND

MGR

04/26/2005

Electronic Signature of Signing Officer or Director

Date