

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 043 ***150.00

DOCUMENT # P98000012683

1. Entity Name
TWO RIVERS LIMITED, INC.



Principal Place of Business
320 S SPRING GARDEN
DELAND, FL 32720 US

Mailing Address
320 S SPRING GARDEN
DELAND, FL 32720 US

40103734



2. Principal Place of Business - No P.O. Box #
500 N Spring Garden

3. Mailing Address
500 N Spring Garden

Suite, Apt. #, etc.
Unit 5/6

Suite, Apt. #, etc.
Unit 5/6

03122007 Chg-P CR2E034 (12/06)

City & State
DeLand, FL

City & State
DeLand, FL

4. FEI Number
59-3491570

Applied For
Not Applicable

Zip
32720

Country

Zip
32720

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, BERRY
320 S. SPRING GARDEN AVE
UNIT F
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name
Berry Snyder
Street Address (P.O. Box Number is Not Acceptable)
500 N Spring Garden Ave.
Unit 5/6
City
DeLand FL Zip Code
32720

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, BERRY 771 HELEN AVENUE DELAND, FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURRENCE, DOUGLAS W 34 SANTIAGO ROAD DEBARY, FL 32713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JO 771 HELEN AVE DELAND, FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Berry Snyder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 386-736-8585
Date Daytime Phone #