

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000012683

1. Entity Name  
TWO RIVERS LIMITED, INC.



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

05-03-2007 90057 043 \*\*\*150.00

40103734



03122007 Chg-P CR2E034 (12/06)

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

Mailing Address

320 S SPRING GARDEN  
DELAND, FL 32720 US

2. Principal Place of Business - No P.O. Box #

500 N Spring Garden

Suite, Apt. #, etc.

Unit 5/6

3. Mailing Address

500 N Spring Garden

Suite, Apt. #, etc.

Unit 5/6

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32720

Zip

32720

Country

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 (PO Box Number is Not Acceptable)  
500 N Spring Garden Ave.  
Unit 5/6  
City: DeLand Zip Code: FL 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

Signature, typed or printed name of registered agent and title if applicable.

(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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
NAME: SNYDER, BERRY  
STREET ADDRESS: 771 HELEN AVENUE  
CITY-ST-ZIP: DELAND, FL 32720

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE: VD  
NAME: CURRENCE, DOUGLAS W  
STREET ADDRESS: 34 SANTIAGO ROAD  
CITY-ST-ZIP: DEBARY, FL 32713

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE: D  
NAME: SNYDER, JO  
STREET ADDRESS: 771 HELEN AVE  
CITY-ST-ZIP: DELAND, FL 32720

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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