

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000080539

**Entity Name:** AMERICAN GHOST ADVENTURES INC

**Current Principal Place of Business:**

1920 COBLE DR  
DELTONA, FL 32738

**Current Mailing Address:**

1920 COBLE DR  
DELTONA, FL 32738

**FEI Number:** 27-3586253

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAPPA, THINH  
1920 COBLE DR  
DELTONA, FL 32738 US

*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:** THINH RAPPA

01/12/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RAPPA, THINH  
Address 1920 COBLE DR  
City-State-Zip: DELTONA FL 32738

*I hereby 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 all other like empowered.*

**SIGNATURE:** THINH RAPPA

**PRESIDENT**

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date