

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001982

FILED  
May 17, 2007  
Secretary of State

Entity Name: AMERICAN RIVER LOGISTICS, LTD., INC.

**Current Principal Place of Business:**

1229 OLD WALT WHITMAN ROAD  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

1229 OLD WALT WHITMAN ROAD  
MELVILLE, NY 11747

**New Mailing Address:**

FEI Number: 11-3145116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIGNORILE, TOM  
1200 NORTH ELLIS RD  
JACKSONVILLE, FL 32254 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: COOK, THOMAS A  
Address: 1229 OLD WALT WHITMAN ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: VC ( ) Delete  
Name: GULLOTTA, JOSEPH  
Address: 1229 OLD WALT WHITMAN ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: AVP ( ) Delete  
Name: SIGNORILE, TOM  
Address: 1200 NORTH ELLIS RD  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH GULLOTTA

VC

05/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date