

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000002717

1. Entity Name
AMERICAN RIVER INTERNATIONAL, LTD., INC.



Principal Place of Business
1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

Mailing Address
1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

FILED
Sep 09, 2004 08:00 AM
Secretary of State



07292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3174973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEENAN, RANDI
4103 SPRING GROVE ROAD
JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
COOK, THOMAS A
1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
GULLOTTA, JOSEPH
1229 OLD WALT WHITMAN ROAD
MELVILLE, NY 11747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
KEENAN, RANDI
4103 SPRING GROVE ROAD
JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000171977
09/09/04-80004-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 1 changed, or on an attachment with an address, with all other like endorsements.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04

Daytime Phone #