


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90122 011 ***150.00

DOCUMENT # P00000023498 1. Entity Name AMERICAN'S RIVER RENDEZVOUS, INC.					
Principal Place of Business 10432 W. HALLS RIVER ROAD HOMOSASSA SPRINGS, FL 34448			Mailing Address 10432 W. HALLS RIVER ROAD HOMOSASSA SPRINGS, FL 34448		
2. Principal Place of Business 43 Seagrape St. Suite, Apt. #, etc.		3. Mailing Address 43 Seagrape St. Suite, Apt. #, etc.			
City & State Homosassa FL		City & State Homosassa FL		4. FEI Number 59-3636977	
Zip 34446		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROWLEY, THOMAS R 10432 W. HALLS RIVER ROAD HOMOSASSA SPRINGS, FL 34448				7. Name and Address of New Registered Agent Name Thomas R. Crowley Street Address (P.O. Box Number is Not Acceptable) 43 Seagrape St. City Homosassa FL Zip Code 34446	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CROWLEY, THOMAS R 10432 W. HALLS RIVER RD HOMOSASSA, FL 34448 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomsa R. Crowley 43 Seagrape St Homosassa, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 10432 W. HALLS RIVER RD HOMOSASSA, FL 34448 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Susan D. Crowley 43 Seagrape St. Homosassa, FL 34446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas R. Crowley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/05</u> 621-9481 <small>Daytime Phone #</small>		