2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P0000023498 1. Entity Name AMERICAN'S RIVER RENDEZVOUS, INC.									04-28-2006		47 ***15	0.00
Principal Place of Business				Mailing Address				40010010				•
'							•					
43 SEAGRAPE ST HOMOSASSA, FL 34446				43 SEAGRAPE ST Homosassa, Fl. 34446								
11011103/133/1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	10111001100111112 011	, , ,							
2. Principal P				Mailing Address	00-							
2339 S Pine Ridge Ave				P 0 Box 3976 Suite, Apt. #, etc.								
Constitution of State								04192006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State				4. FEI Numbe	ſ		A	plied For
Homosassa FL				Homosassa Springs			L	59-3636	5977		N	ot Applicable
Zip	_	Country		Zip	Coun	•		5. Certificate	of Status Desired		\$8.75 Add	
34448		Citrus		447	C	itru	S				Fee Require	d
	6. Name	and Address of Curre	nt Regis	stered Agent	-	11.4116		7. Name and	Address of New R	egistered /	Agent	
CROWLEY	Y. THOMA	SR.				112110						
43 SEAGRAPE ST						Street Address (P.O. Box Number is Not Acceptable) 2339 S Pine Ridge Ave						
HOMOSASSA, FL 34446						233	9_S_	Pine K	idge_Ave		·	
•						City Hom	0000	200		FL	Zip Cod 3 4 4	e, 8
8. The above	named entite	submits this statement	t for the r	ourpose of changing it	ts registere	ed office or	register	ed agent, or bot	h, in the State of Flo	rida. I am		
	tions of regist				2		Ū	J				accept
SIGNATURE.	*											
SIGNATURE.	Signature, typed	or printed name of registered ag	ent and title	il applicable (NC	TE: Registere	d Agent signati	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution						icing	\$5. Add	00 May Be ed to Fees				
10.		OFFICERS AN	ND DIREC	CTORS	11.	•		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	DP			☐ Delete	TITLE						Change	Addition
NAME	•				NAM				D			
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -St-Zip	233 Hon	19 S P1	ne Ridge FL 3444	_R Ave		
TITLE							11011	1034334	111 3444		CTP Channe	D. Address
NAME		Y. SUSAN D		□ Delete	TITLE						CA Change	☐ Addition
STREET ADDRESS	•					ET ADDRESS	233	9 S Pin	e Ridge	Ave		
CITY-ST-ZIP	HOMOSASSA, FL 34446					SI-ZIP Homosassa FL 34448						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					MAM	E						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP				-74		-SI-ZIP						
TITLE				☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS					NAMI STRE	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	 			☐ Delete	TITLE						☐ Change	Addition
NAME				Ocicio	NAMI						ondingo	L.J Addition
STREET ADDRESS					STRE	et address						
CITY-ST-ZIP					CITY	-SI-ZIP						
HILE				Delete	TITLE			- 			☐ Change	Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						et address -st-zip						
	L	information supplied v	with this f	iling does not qualify			ontained	in Chanter 119	Florida Statutos I	further gort	ify that the i	-formation

indicated on this report or supplied will this limit does not quality 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 pocieties or trustee employee of the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Thomsa R Crowley

352-621-3481

Date

Daytime Phone #