

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90186 047 ***150.00

40070010



04192006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000023498 1. Entity Name AMERICAN'S RIVER RENDEZVOUS, INC.					
Principal Place of Business 43 SEAGRAPE ST HOMOSASSA, FL 34446			Mailing Address 43 SEAGRAPE ST HOMOSASSA, FL 34446		
2. Principal Place of Business 2339 S Pine Ridge Ave		3. Mailing Address P O Box 3976			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Homosassa FL		City & State Homosassa Springs FL		4. FEI Number 59-3636977	
Zip 34448		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34447		Country Citrus		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2339 S Pine Ridge Ave City Homosassa FL Zip Code 34448		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DT CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROWLEY, THOMAS R 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CROWLEY, SUSAN D 43 SEAGRAPE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			Thomsa R Crowley		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		