

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000023498

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN'S RIVER RENDEZVOUS, INC.

**Current Principal Place of Business:**

2339 S PINE RIDGE AVE  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3976  
HOMOSASSA SPRINGS, FL 34447

**New Mailing Address:**

**FEI Number:** 59-3636977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROWLEY, THOMAS R  
2339 S PINE RIDGE AVE  
HOMOSASSA, FL 34448 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CROWLEY, THOMAS R  
Address: 2339 S PINE RIDGE AVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: DST  
Name: CROWLEY, SUSAN D  
Address: 2339 S PINE RIDGE AVE  
City-St-Zip: HOMOSASSA, FL 34448

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R CROWLEY

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04/23/2012

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

\_\_\_\_\_  
Date