


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 696027
1. Entity Name
AMELIA REALTY, INC.



Principal Place of Business PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH, FL 32035-3000 US	Mailing Address PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH, FL 32035-3000 US
--	--

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1473630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMANDER, CHARLES E, III
200 LAURA STREET
JACKSONVILLE, FL 32202

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

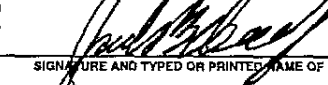
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOPER, RICHARD A 2750 TERMINAL TOWER CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PULICE, JOHN 961687 GATEWAY BLVD., STE. 101A AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRAY, S. NORMAN AMELIA ISLAND PLANTATION AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HEALAN, JACK B JR AMEILA ISLAND PLANTATION AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COMMANDER, CHARLES E III 200 LAURA STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000305436
04714/05-80085-008 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jack B. Healan, Jr.** **4/12/05** **904.277.5101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #