


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 825238**  
 1. Entity Name  
**AMELIA ISLAND COMPANY**



Principal Place of Business      Mailing Address  
 % CORPORATE CONTROLLER      % CORPORATE CONTROLLER  
 P.O. BOX 3000      P.O. BOX 3000  
 FERNANDINA BCH, FL 32035-3000 US      FERNANDINA BCH, FL 32035-3000 US

**DO NOT WRITE IN THIS SPACE**



04052005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**57-0527665**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COMMANDER, CHARLES E., III  
 200 LAURA ST  
 JACKSONVILLE, FL 32201

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

**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	D
NAME	COOPER, RICHARD L
STREET ADDRESS	2750 TERMINAL TOWER
CITY-ST-ZIP	CLEVELAND, OH
TITLE	DVS
NAME	COOPER, RICHARD A
STREET ADDRESS	2750 TERMINAL TOWER
CITY-ST-ZIP	CLEVELAND, OH
TITLE	AS
NAME	GUDBRANSON, ROBERT N
STREET ADDRESS	2750 TERMINAL TOWER
CITY-ST-ZIP	CLEVELAND, OH
TITLE	V
NAME	BRAY, S NORMAN
STREET ADDRESS	AMELIA ISLAND PLANTATION
CITY-ST-ZIP	AMELIA ISLAND, FL
TITLE	PT
NAME	HEALAN, JACK B JR
STREET ADDRESS	AMELIA ISLAND PLANTATION
CITY-ST-ZIP	AMELIA ISLAND, FL
TITLE	V
NAME	PALMISANO, LAURA
STREET ADDRESS	AMELIA ISLAND PLANTATION
CITY-ST-ZIP	AMELIA ISLAND, FL

**DO NOT WRITE IN THIS SPACE**

U00000305358  
 04/14/05-80082-004 150.00

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: Laura J. Palmisano      Laura T. Palmisano      4/11/05      904.277.5162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #