


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 825238 1. Entity Name AMELIA ISLAND COMPANY	
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Principal Place of Business % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH, FL 32035-3000 US	Mailing Address % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH, FL 32035-3000 US
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0527665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)
Signature, typed or printed name of registered agent and title if applicable. 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
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10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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04/29/06-80099-008 150.00

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: Laura J. Palmisano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____