

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004153

FILED
Apr 20, 2005
Secretary of State

Entity Name: AMELIA MARITIME SERVICES, INC.

Current Principal Place of Business:

1887 SOUTH 14TH ST
SUITE 105
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1887 SOUTH 14TH STREET
SUITE 105
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 54-1802128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, SPOTSWOOD B
1887 SOUTH 14TH STREET, STE 105
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATKINS, SPOTSWOOD B
Address: 1887 SOUTH 14TH ST, STE 105
City-St-Zip: FERNANDINA BEACH, FL

Title: VD () Delete
Name: QUINN, DANIEL J
Address: FLAGGER STATION PO BOX 015359
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: QUINN, DONALD T
Address: FLAGGER STATION PO BOX 015359
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: HOST, DAVID F
Address: 100 E. MAIN ST., STE 300
City-St-Zip: NORFOLK, VA 23510

Title: SD () Delete
Name: CORNER, THOMAS C JR.
Address: 100 E. MAIN ST., STE 300
City-St-Zip: NORFOLK, VA 23510

Title: D (X) Delete
Name: OUTERBRIDGE, HERBERT H
Address: 142 WOODLAND DRIVE
City-St-Zip: SALT SPRING ISLAND CANADA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SMITH, BARBARA J
Address: 1306 ATLANTIC AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA J. SMITH

VD

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date