

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90028 006 \*\*\*158.75



**DOCUMENT # F97000004153**

1. Entity Name  
**AMELIA MARITIME SERVICES, INC.**

Principal Place of Business  
**1325 ATLANTIC AVENUE  
 FERNANDINA BEACH, FL 32034**

Mailing Address  
**P. O. BOX 890  
 FERNANDINA BEACH, FL 32035**

2. Principal Place of Business - No P.O. Box #  
**309 1/2 CENTRE ST.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 205**

City & State  
**FERNANDINA Beach FL**

City & State  
 City & State

Zip  
**32034**

Country  
**USA**

Zip  
 Country



01092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**SMITH, BARBARA J  
 1325 ATLANTIC AVENUE  
 FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent  
 Name **RICHARD S. BRUCE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**309 1/2 CENTRE ST. Suite 205**  
 City **FERNANDINA Beach FL** Zip Code **32034**

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 *[Signature]* **General Manager**  
**RICHARD S. BRUCE** **1/14/08**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, GARRETT A VP 2719 EAST OCEAN VIEW AVE., NORFOLK, VA 23518 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BARBARA J 1306 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	VD RICHARD S. BRUCE 1785 School ST. FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINN, DANIEL J 1033 SE 13TH TERRACE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOST, DAVID F 500 PLUME STREET EAST, SUITE 600 NORFOLK, VA 23510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMER, THOMAS C JR. 500 PLUME STREET EAST, SUITE 600 NORFOLK, VA 23510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RICHARD S. BRUCE** *[Signature]* **1/14/08** **904-321-1803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #