

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004153

FILED
Feb 04, 2010
Secretary of State

Entity Name: AMELIA MARITIME SERVICES, INC.

Current Principal Place of Business:

309 1/2 CENTRE ST
SUITE 205
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

309 1/2 CENTRE ST
SUITE 205
FERNANDINA BEACH, FL 32034

New Mailing Address:

P.O. BOX 3729
NORFOLK, VA 23514

FEI Number: 54-1802128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRUCE, RICHARD S
309 1/2 CENTRE ST
SUITE 205
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: MDIR
Name: ANDERSON, GARRETT A VP
Address: 3416 VILLAGE SQUARE PLACE
City-St-Zip: SUFFOLK, VA 23435

Title: VPGM
Name: BRUCE, RICHARD S
Address: 1785 SCHOOL ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VCHR
Name: QUINN, DANIEL J
Address: 1033 SE 13TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CHR
Name: HOST, DAVID F
Address: 500 PLUME STREET EAST, SUITE 600
City-St-Zip: NORFOLK, VA 23510

Title: VPSC
Name: COMER, THOMAS C JR.
Address: 500 PLUME STREET EAST, SUITE 600
City-St-Zip: NORFOLK, VA 23510

I hereby 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 all other like empowered.

SIGNATURE: THOMAS C. COMER JR.

VPSC

02/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date