

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103488

FILED
Jun 12, 2008
Secretary of State

Entity Name: SCRAP N AROUND AMELIA, INC.

Current Principal Place of Business:

528 S. 8TH ST., UNIT G
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

528 S. 8TH ST., UNIT H
FERNANDINA BEACH, FL 32034

Current Mailing Address:

528 S. 8TH ST., UNIT G
FERNANDINA BEACH, FL 32034

New Mailing Address:

528 S. 8TH ST., UNIT H
FERNANDINA BEACH, FL 32034

FEI Number: 20-3227628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, LYNN
33329 SUNNY PARKE CIRCLE
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, VALERIE
Address: 86361 GOODBREAD ROAD
City-St-Zip: YULEE, FL 32097

Title: S () Delete
Name: TODD, LYNN
Address: 33329 SUNNY PARK CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BYRD, BARBARA
Address: 86361 GOODBREAD ROAD
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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 BYRD

TREA

06/12/2008

Electronic Signature of Signing Officer or Director

_____ Date