


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90044 030 \*\*\*\*61.25

<b>DOCUMENT # 724240</b> 1. Entity Name <b>AMELIA BY THE SEA, INC.</b>					
Principal Place of Business <b>3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1513985</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREGORY, DAVID L CMAC 3000 FIRST COAST HWY. AMELIA ISLAND, FL 32035</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>ARNOLD, DARLENE</b> <b>3850 PARKER LANE</b> <b>WAYCROSS, GA 31503</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>STRICKLAND, DEVIN</b> <b>305 W WARING ST.</b> <b>WAYCROSS, GA 31503</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>BIEDENKAPP, MARTHA</b> <b>3240 S FLETCHER #218</b> <b>FERNANDINA BEACH, FL 32034</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BASHLOR, WAYNE</b> <b>PO BOX 1406, N/A</b> <b>WAYCROSS, GA 31794</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MILLER, BILL</b> <b>49 FRANKLIN CREEK ROAD SOUTH</b> <b>JAVANNAH, GA 31534</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MCCARTHY, DICK</b> <b>1858 UNIVERSITY BLVD. N</b> <b>JACKSONVILLE, FL 32211</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
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 617, 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.					
<b>SIGNATURE:</b> <i>Martha C. Biedenapp</i> <span style="float: right;"><b>3/27/07</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT  
40064521

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AMELIA BY THE SEA, INC.

DOCUMENT # 724240

Addition:

D

Eanes, Mark

55 Loganberry Circle

Valdosta, GA 31602

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Crosby, C. Jerome

Pineneedle, LLC

P. O. Box 41

Willacoochee, GA 31650