

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735742

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: AMELIA ROOM, INC.

**Current Principal Place of Business:**

906 SOUTH 7TH STREET  
FERNANDINA BCH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

906 SOUTH 7TH STREET  
P.O. BOX 15315  
FERNANDINA BCH, FL 32034

**New Mailing Address:**

FEI Number: 59-2447505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LECKIE, R. LINDSAY  
29 SECRET COVE CRT  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARRISH, JOYCE E  
Address: 86506 SAND HICKORY TLR  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: YOVAN, TOM  
Address: 2117 OAK BLUFF CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D  
Name: MARK, DEAN  
Address: 4689 GENOA DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S-T  
Name: LECKIE, LINDSAY R  
Address: 219 SECRET COVE CT.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP  
Name: MARTIN, MICKEY  
Address: 144 LONE POINT DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D  
Name: ASHWELL, DRUE  
Address: 97192 MITCHELL RD.  
City-St-Zip: YULEE, FL 32097

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R. LINDSAY LECKE

S-T

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date