



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 825238 1. Entity Name AMELIA ISLAND COMPANY	
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Principal Place of Business % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH, FL 32035-3000 US	Mailing Address % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH, FL 32035-3000 US
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**DO NOT WRITE IN THIS SPACE**

	
04062004	No Chg-P CR2E034 (10/03)
4. FEI Number 57-0527665	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COMMANDER, CHARLES E., III  
 200 LAURA ST  
 JACKSONVILLE, FL 32201

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000111774  
 04/13/04-80034-002 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, RICHARD L. 2750 TERMINAL TOWER CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, RICHARD A. (ASST) 2750 TERMINAL TOWER CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUDBRANSON, ROBERT N. 2750 TERMINAL TOWER CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAY, S. NORMAN AMELIA ISLAND PLANTATION AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEALAN, JACK B., JR. AMELIA ISLAND PLANTATION AMELIA ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMISANO, LAURA AMELIA ISLAND PLANTATION AMELIA ISLAND, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

**SIGNATURE:** By Laura J. Palmisano VP-Finance 4/7/04 904.277.5162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #