

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 825238

1. Entity Name  
AMELIA ISLAND COMPANY



FILED  
04 OCT 12 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
% CORPORATE CONTROLLER % CORPORATE CONTROLLER  
P.O. BOX 3000 P.O. BOX 3000  
FERNANDINA BCH, FL 32035-3000 US FERNANDINA BCH, FL 32035-3000 US



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

10052004 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number 57-0527665 Applied For Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
COMMANDER, CHARLES E., III Name  
200 LAURA ST Street Address (P.O. Box Number is Not Acceptable)  
JACKSONVILLE, FL 32201  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, RICHARD L. 2750 TERMINAL TOWER CLEVELAND, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assist. S Commander, Charles E., III 200 Laura Street Jacksonville, FL 32201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COOPER, RICHARD A. (ASST) 2750 TERMINAL TOWER CLEVELAND, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, V & S Cooper, Richard A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUDBRANSON, ROBERT N. 2750 TERMINAL TOWER CLEVELAND, OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assist. S Gudbranson, Robert N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAY, S. NORMAN AMELIA ISLAND PLANTATION AMELIA ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200041823072 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/12/04--01053--011 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEALAN, JACK B., JR. AMELIA ISLAND PLANTATION AMELIA ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P & T Healan, Jack B., Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALMISANO, LAURA AMELIA ISLAND PLANTATION AMELIA ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: By Amelia J. Palmisano VP-Finance 10/6/04 904.277.5162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #