


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90018 013 \*\*\*150.00

<b>DOCUMENT # 825238</b> 1. Entity Name <b>AMELIA ISLAND COMPANY</b>					
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	
2. Principal Place of Business - No P.O. Box # <b>6800 FIRST COAST HWY</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>FERNANDINA BEACH, FL</b>			
Suite, Apt. #, etc. City & State <b>FERNANDINA BEACH, FL</b>		Suite, Apt. #, etc. City & State <b>FERNANDINA BEACH, FL</b>		4. FEI Number <b>57-0527665</b>	
Zip <b>32034</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COMMANDER, CHARLES E., III</b> <b>200 LAURA ST</b> <b>JACKSONVILLE, FL 32201</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	LANDMARK TOWERS / REPUBLIC BLDG STE 1400 35 WEST PROSPECT AVE CLEVELAND, OH 44115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS COOPER, RICHARD A 2750 TERMINAL TOWER CLEVELAND, OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GUDBRANSON, ROBERT N 2750 TERMINAL TOWER CLEVELAND, OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same as above	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HEALAN, JACK B JR 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
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 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 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 <u>Laura J. Palmisano</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/5/08 904-261-6161 Date Daytime Phone #		