

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004153

FILED
Mar 18, 2007
Secretary of State

Entity Name: AMELIA MARITIME SERVICES, INC.

Current Principal Place of Business:

309 1/2 CENTRE STREET
SUITE 205
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1325 ATLANTIC AVENUE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

309 1/2 CENTRE STREET
SUITE 205
FERNANDINA BEACH, FL 32034

New Mailing Address:

P. O. BOX 890
FERNANDINA BEACH, FL 32035

FEI Number: 54-1802128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, SPOTSWOOD B
309 1/2 CENTRE STREET
SUITE 205
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SMITH, BARBARA J
1325 ATLANTIC AVENUE
FERNANDINA BEACH, FL 32034 US

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: BARBARA J. SMITH

03/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATKINS, SPOTSWOOD B
Address: 309 1/2 CENTRE STREET, SUITE 205
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: SMITH, BARBARA J
Address: 1306 ATLANTIC AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: QUINN, DANIEL J
Address: 1033 SE 13TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VD () Delete
Name: HOST, DAVID F
Address: 500 PLUME STREET EAST, SUITE 600
City-St-Zip: NORFOLK, VA 23510

Title: SD () Delete
Name: COMER, THOMAS C JR.
Address: 500 PLUME STREET EAST, SUITE 600
City-St-Zip: NORFOLK, VA 23510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ANDERSON, GARRETT A VP
Address: 2719 EAST OCEAN VIEW AVE.,
City-St-Zip: NORFOLK, VA 23518

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. SMITH

VD

03/18/2007

Electronic Signature of Signing Officer or Director

Date