

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004153

FILED
Apr 13, 2009
Secretary of State

Entity Name: AMELIA MARITIME SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 890
FERNANDINA BEACH, FL 32035

New Mailing Address:

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

FEI Number: 54-1802128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, RICHARD S
309 1/2 CENTRE ST
SUITE 205
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: BRUCE, RICHARD S
Address: 1785 SCHOOL ST
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: 3416 VILLAGE SQUARE PLACE
City-St-Zip: SUFFOLK, VA 23435

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 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: RICHARD S. BRUCE

VD

04/13/2009

Electronic Signature of Signing Officer or Director

Date