

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14992

Entity Name: AMELIA ISLAND FOODS, INC.

FILED
Mar 22, 2004
Secretary of State

Current Principal Place of Business:

500 SOUTH 3RD ST.
P.O. BOX 445
FOLKSTON, GA 31537

Current Mailing Address:

500 SOUTH 3RD ST.
P.O. BOX 445
FOLKSTON, GA 31537

New Principal Place of Business:

802 S SECOND ST.
P.O. BOX 445
FOLKSTON, GA 31537

New Mailing Address:

P.O. BOX 445
FOLKSTON, GA 31537

FEI Number: 59-2247826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WESLEY R.
303 CENTRE STREET #200
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: P () Delete
Name: GOWEN, GEORGE R.
Address: NORTH 3RD ST. EXT.
City-St-Zip: FOLKSTON, GA

Title: ST () Delete
Name: GOWEN, CHARNA W.
Address: NORTH 3RD ST EXT
City-St-Zip: FOLKSTON, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOWEN, GEORGE R.
Address: NORTH 3RD ST. EXT.
City-St-Zip: FOLKSTON, GA 31537

Title: ST (X) Change () Addition
Name: GOWEN, CHARNA W.
Address: NORTH 3RD ST EXT
City-St-Zip: FOLKSTON, GA 31537

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARNA W GOWEN

ST

03/22/2004

Electronic Signature of Signing Officer or Director

Date