

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # G54469

1. Entity Name
F M AMELIA, INC.



Principal Place of Business
**250 KING OF PRUSSIA RD
RADNOR, PA 19087**

Mailing Address
**250 KING OF PRUSSIA RD
RADNOR, PA 19087**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2316716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MULLIN, ARTHUR W
STREET ADDRESS	250 KING OF PRUSSIA RD.
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	VD
NAME	TAYLOR, WILLIAM S
STREET ADDRESS	250 KING OF PRUSSIA RD.
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	VPD
NAME	HARRIS, ROBERT R
STREET ADDRESS	250 KING OF PRUSSIA RD.
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	S
NAME	WOODBURY, ALAN T
STREET ADDRESS	250 KING OF PRUSSIA RD
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF _____

Robert R. Harris

1/21/04

Date

610-914-7086

Daytime Phone #