

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 19 AM 9:35

DOCUMENT # G85029

1. Entity Name
AMELIA INSURANCE AGENCY, INC.



Principal Place of Business:

**2384 SADLER ROAD
FERNANDINA BEACH, FL 32034**

Mailing Address:

**PO BOX 16599
FERNANDINA BEACH, FL 32034**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2372510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEFFIELD, GEORGE W SR.
1560 CANOPY DR.
FERNANDINA BEACH, FL 32034**

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S.
NAME	SHEFFIELD, BARBARA A
STREET ADDRESS	2384 SADLER RD. SADLER
CITY-ST-ZIP	FERNANDINA, BCH, FL 32034
TITLE	SR.
NAME	SHEFFIELD, GEORGE W. SR.
STREET ADDRESS	2384 SADLER RD. SADLER
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	JR.
NAME	SHEFFIELD, GEORGE W. JR.
STREET ADDRESS	2384 SADLER RD. SADLER
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
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 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 registered agent 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 my address appears in Block 6, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____