2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H41598

1. Entity Name
AMELIA UNDERWRITERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -8 AM 11:08

Principal Place of Business	Mailing Address
2384 SADLER ROAD FERNANDINA BCH, FL 32034 US	PO BOX 16569 FERNANDINA BEACH, FL 32035 US

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2499706
☐ 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.
2384 SADLER ROAD
FERNANDINA BEACH, FL 32034

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SHEFFIELD, GEORGE W., SR.
STREET ADDRESS	2384 SADLER RD
CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	S
NAME	SHEFFIELD, BARBARA A.
STREET ADDRESS	2384 SADLER RD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	VPT
NAME	SHEFFIELD, GEORGE W.,
STREET ADDRESS	2384 SADLER RD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	B 2/11/08

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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 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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #