

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57131

**FILED**  
**Jul 18, 2008**  
**Secretary of State**

**Entity Name:** AMELIA HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

474256 STATE ROAD 200  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1159  
FERNANDINA BEACH, FL 32035 US

**New Mailing Address:**

**FEI Number:** 59-2540812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, WESLEY R.  
303 CENTRE ST.  
SUITE 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TITCOMB, ERIC L  
Address: 873 NISSEN DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: STD ( ) Delete  
Name: STEPHENSON, HARRIET W  
Address: 873 NISSEN DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ERIC L. TITCOMB

PD

07/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date