

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J77126

1. Entity Name
AMELIA ANGLER, INC.



Principal Place of Business
AMELIA ISLAND PLANTATION
1501 LEWIS ST
AMELIA ISLAND, FL 32034 US

Mailing Address
AMELIA ISLAND PLANTATION
1501 LEWIS ST
AMELIA ISLAND, FL 32034 US

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90208 003 ***150.00



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2869392

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LACOSS, TERRY L
~~4569 AMELIA RD.~~ 96965 BUCANEER TRAIL
FERNANDINA BCH, FL 32034

**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

4-20-04

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	LACOSS, TERRY L.
STREET ADDRESS	4569 AMELIA RD.
CITY-ST-ZIP	FERNANDINA BCH, FL
TITLE	SD
NAME	LACOSS, MARY B.
STREET ADDRESS	4569 AMELIA RD.
CITY-ST-ZIP	FERNANDINA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 OR DIRECTOR

Date

Daytime Phone #

4-20-04 904-321-8890