

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K47730

1. Entity Name
AMELIA'S RESTAURANT, INC.



Principal Place of Business
**% BRYAN SIMPSON, JR.
1061 RIVERSIDE AVE., 2ND FLOOR
JACKSONVILLE, FL 32204-4133**

Mailing Address
**P.O. BOX 1496
FERNANDINA BEACH, FL 32035**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3030450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMPSON, BRYAN JR.
1061 RIVERSIDE AVENUE
2ND FLOOR
JACKSONVILLE FL, FL 32204**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, BRYAN JR 1061 RIVERSIDE AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SURFACE, J. FRANK 50 N. LAURA ST., SUITE 2800 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, C. BRETT 1935 SYCAMORE LANE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, ROBERT 1935 SYCAMORE LANE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/05-80052-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert P. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (904) 261-6185
Date Daytime Phone *