

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CRZE034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMPSON, BRYAN JR
STREET ADDRESS	1061 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SURFACE, J. FRANK
STREET ADDRESS	50 N. LAURA ST., SUITE 2800
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	CARTER, C. BRETT
STREET ADDRESS	1935 SYCAMORE LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	FISHER, ROBERT
STREET ADDRESS	1935 SYCAMORE LANE
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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05/03/06-80062-001 150.00

**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 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

ROBERT F. FISHER (DIRECTOR)

Date

Daytime Phone #

4/18/06

904-261-6185