

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 014 ***150.00

DOCUMENT # P01000113876 1. Entity Name AMELIA MASSAGE ASSOCIATES, INC.																																																																																																																																																					
Principal Place of Business 1894 S. 14TH ST. STE. 4 FERNANDINA BEACH, FL 32034			Mailing Address 1894 S. 14TH ST. STE. 4 FERNANDINA BEACH, FL 32034																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
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Zip		Country		4. FEI Number 80-0021992																																																																																																																																																	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent SHORES, NANCY C 1739 PHILLIPS MANOR RD. FERNANDINA BEACH, FL 32034-5341																																																																																																																																																					
7. Name and Address of New Registered Agent Name JUDITH BUNNER Street Address (P.O. Box Number is Not Acceptable) 309 N. 17th St City Fernandina Beach FL Zip Code 32034																																																																																																																																																					
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 <u><i>Judith P. Bunner</i></u> DATE <u>1/7/2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																																																																																																																					
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																																																																																																																																																		
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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: <u><i>Judith P. Bunner</i></u> DATE <u>1/7/2004</u> DAYTIME PHONE # <u>904-583-0544</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

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