


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000006108
 1. Entity Name
 AMELIA ISLAND RESTAURANT II, INC.



Principal Place of Business: POST OFFICE BOX 1947, AMELIA ISLAND, FL 32035
 Mailing Address: POST OFFICE BOX 1947, AMELIA ISLAND, FL 32035

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number: 02-0542902 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FISHER, ROBERT P
 1935 SYCAMORE LANE
 AMELIA ISLAND, FL 32034

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	FISHER, ROBERT P
STREET ADDRESS	1935 SYCAMORE LANE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	VD
NAME	SIMPSON, BRYAN
STREET ADDRESS	1061 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VSTD
NAME	CARTER, C. BRETT
STREET ADDRESS	1935 SYCAMORE LANE
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 4/28/05 (904) 261-6185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #