

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90190 008 \*\*\*150.00

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04092007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000006108					
1. Entity Name AMELIA ISLAND RESTAURANT II, INC.					
Principal Place of Business <del>POST OFFICE BOX 1947</del> AMELIA ISLAND, FL <del>32035</del>		Mailing Address POST OFFICE BOX 1947 AMELIA ISLAND, FL 32035			
2. Principal Place of Business - No P.O. Box # <u>80 Amelia Village Circle</u>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0542902	
Zip	Country <u>32034</u>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHER, ROBERT P 1935 SYCAMORE LANE AMELIA ISLAND, FL 32034			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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>Robert P. Fisher</u> (NOTE: Registered Agent signature required when re-registering) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISHER, ROBERT P	NAME			
STREET ADDRESS	1935 SYCAMORE LANE	STREET ADDRESS			
CITY - ST - ZIP	AMELIA ISLAND, FL 32034	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, BRYAN	NAME			
STREET ADDRESS	1061 RIVERSIDE AVENUE	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32204	CITY - ST - ZIP			
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, C. BRETT	NAME			
STREET ADDRESS	1935 SYCAMORE LANE	STREET ADDRESS			
CITY - ST - ZIP	AMELIA ISLAND, FL 32034	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Robert P. Fisher</u>		ROBERT P. FISHER		4/20/07 904-261-6185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	