

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 034 ***150.00

DOCUMENT # P03000062925

1. Entity Name
AMELIA ENVIRONMENTAL SYSTEMS, INC.



Principal Place of Business
**1496 CHESTER RD
YULEE, FL 32097**

Mailing Address
**1496 CHESTER RD
YULEE, FL 32097**

44024917

2. Principal Place of Business

96536 Chester Rd

Suite, Apt. #, etc.

3. Mailing Address

96536 Chester Rd

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)



City & State

Yulee, FL

City & State

Yulee, FL

4. FEI Number

51-0478052

Applied For

Not Applicable

Zip

32097

Country

USA

Zip

32097

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

**CASON, JAMES W
1496 CHESTER RD
YULEE, FL 32097**

7. Name and Address of New Registered Agent

Name **James W. Cason**
Street Address (P.O. Box Number is Not Acceptable)
96536 Chester Rd
City **Yulee** FL **32097**

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

James W. Cason

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/04

**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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASON, JAMES W**
STREET ADDRESS **1496 CHESTER RD**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **James W. Cason**
STREET ADDRESS **96536 Chester Rd**
CITY-ST-ZIP **Yulee, FL 32097**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James W. Cason

James W. Cason

4/4/04

904-241-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #