


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 008 \*\*\*150.00

<b>DOCUMENT # P03000103057</b>	
1. Entity Name <b>S &amp; P OF AMELIA, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 815 (604 CENTRE STREET) FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>POST OFFICE BOX 815 (604 CENTRE STREET) FERNANDINA BEACH, FL 32035</b>
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**50041293**

2. Principal Place of Business <b>39 1/2 PINE STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>39 1/2 PINE STREET</b> Suite, Apt. #, etc.
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City & State <b>WINDERMERE, FL</b>	City & State <b>WINDERMERE, FL</b>
Zip <b>34786</b>	Country <b>USA</b>
Zip <b>34786</b>	Country <b>USA</b>



04132005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0257176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SHAW, RONDA L 604 CENTRE STREET FERNANDINA BEACH, FL 32034</b>	7. Name and Address of New Registered Agent Name <b>WINFIELD-S-PEIRSOL</b> Street Address (P.O. Box Number is Not Acceptable) <b>39 1/2 PINE STREET</b> City <b>WINDERMERE</b> FL Zip Code <b>34786</b>
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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 <b>W. Scott Peirsol</b> DATE <b>4/13/05</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEIRSOL, W. SCOTT 6 604 CENTRE STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAW, RONDA L 604 CENTRE STREET FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>W. Scott Peirsol</b>	Date <b>4/13/05</b>