


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90347 001 \*3,600.00

<b>DOCUMENT # P03000117900</b> 1. Entity Name <b>AMELIA ENTERPRISE INVESTMENT, INC.</b>					
Principal Place of Business <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119</b>			Mailing Address <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119</b>		
2. Principal Place of Business <b>2379 Beville Road</b>		3. Mailing Address <b>2379 Beville Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Daytona Beach, Florida</b>		City & State <b>Daytona Beach, Florida</b>		4. FEI Number <b>56-2412085</b>	
Zip <b>32119</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32119</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAGAN, J. ANDREW</b> <b>2359 BEVILLE ROAD</b> <b>DAYTONA BEACH, FL 32119</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>2379 Beville Road</b>  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MONTGOMERY, MITCHELL R 13400 SUTTON PARK D. S JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS THORNTON-HIL, TERESA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP Newkirk, Kimberly A. 2379 Beville Road Daytona Beach, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u>Morteza Hosseini-Kargar</u> <b>President</b> <span style="float: right;"><b>4/21/05</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><b>386-788-0820</b></span> <small>Date Daytime Phone #</small>					