

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000032975

1. Entity Name
AMELIA AIR & APPLIANCE, INC.



**FILED
Apr 12, 2005 8:00 am
Secretary of State**

04-12-2005 90155 015 ***150.00

Principal Place of Business
86161 KEELING LANE
YULEE, FL 32097

Mailing Address

86161 KEELING LANE
YULEE, FL 32097

2. Principal Place of Business
86161 Keeling Lane

Suite, Apt. #, etc.

3. Mailing Address
86161 Keeling Lane

Suite, Apt. #, etc.

City & State
Yulee, Florida

City & State
Yulee, FL

Zip 32097

Zip 32097

Country NASSAU

Country 32097 NASSAU

4. FEI Number
20-0760743

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM J
4492 LIMPKIN LANE

FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DPST
NAME ERDMAN, STEFAN J
STREET ADDRESS 86161 KEELING LANE
CITY-ST-ZIP YULEE, FL 32097

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE
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CITY-ST-ZIP

Change 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: *Stefan J. Erdman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 19041225-0626
Date Daytime Phone #