

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90048 025 \*\*\*158.75

**DOCUMENT # P0400088417**

1. Entity Name  
**AMELIA GARDEN CENTER, INC.**



Principal Place of Business      Mailing Address

**304 SR 200/ATA**      **2311 YARD ARM WAY**  
**FERNANDINA BEACH, FL 32034**      **FERNANDINA BEACH, FL 32034**

40004070

2. Principal Place of Business      3. Mailing Address

**3028 S. 8th Street**      **3028 South 8th Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



01102005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Fernandina Beach, FL**      **Fernandina Beach, FL**

Zip      Country      Zip      Country

**32034**      **US**      **32034**      **US**

4. FEI Number      Applied For

**20-1252016**       Not Applicable

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

6. Name and Address of Current Registered Agent

**STAPLETON, PRISCILLA**  
**2311 YARD ARM WAY**  
**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: *Priscilla Stapleton*      **Priscilla Stapleton**      **1/15/2005**

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	<b>P/I/T/S</b>	<input type="checkbox"/> Delete
NAME	<b>STAPLETON, PRISCILLA</b>	
STREET ADDRESS	<b>2311 YARD ARM WAY</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Priscilla Stapleton*      **Priscilla Stapleton**      **1/15/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

904-321-4117