

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000091263

1. Entity Name
ISLAND TREASURES OF AMELIA, INC.



Principal Place of Business
**1104 SOUTH 8TH ST.
FERNANDINA BEACH, FL 32034**

Mailing Address
**1104 SOUTH 8TH ST.
FERNANDINA BEACH, FL 32034**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1266428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEEPER, EMMA L
1724 SOUTH FLETCHER AVE.
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

7. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEEPER, EMMA L
1745 SOUTH FLETCHER AVE.
FERNANDINA BEACH, FL 32034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LEEPER, KATE D
P.O. BOX 250
FERNANDINA BEACH, FL 32035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
O'QUINN, BRENDA L
423 BONNIEVIEW RD.
FERNANDINA BEACH, FL 32034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000522148
05/03/06-80018-017 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Brenda O'Quinn **Brenda O'Quinn** **4-17-06** **904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
201-5887