

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 023 ***150.00

DOCUMENT # P05000107344

1. Entity Name

AMELIA SANJON GALLERY, INC.



Principal Place of Business

1719 PHILIPS MANOR ROAD
FERNANDINA BCH FL 32034

Mailing Address

1719 PHILIPS MANOR ROAD
FERNANDINA BCH FL 32034



2. Principal Place of Business - No P.O. Box #

218A Ash St

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Fernandina Beach

City & State

4. FEI Number

20-3271354

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

-Country-

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER-HINTON, SANDRA
1719 PHILIPS MANOR ROAD
FERNANDINA BCH 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

Sandra Baker-Hinton (Sandra Baker-Hinton)

4-2-07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BAKER-HINTON, SANDRA ☐ Delete
STREET ADDRESS 1719 PHILIPS MANOR ROAD
CITY- ST- ZIP FERNANDINA BCH FL 32034

TITLE VS
NAME THOMPSON, JOHN W ☒ Delete
STREET ADDRESS 1719 PHILIPS MANOR ROAD
CITY- ST- ZIP FERNANDINA BCH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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

Sandra Baker-Hinton (Sandra Baker-Hinton) 4-2-07 904-491-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #