


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90100 039 ***150.00

DOCUMENT # P05000109410 1. Entity Name AMELIA YACHT CHARTERS, INC.					
Principal Place of Business 1622 REGATTA DR. FERNANDINA BEACH FL 32034			Mailing Address 1622 REGATTA DR. FERNANDINA BEACH FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3267318	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRIM, MORT 1622 REGATTA DR. FERNANDINA BEACH FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP CRIM, MORT 1622 REGATTA DR. FERNANDINA BEACH FL 32034			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CRIM, MORT 1622 REGATTA DR. FERNANDINA BEACH FL 32034			<input checked="" type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIM, IRENE 1622 REGATTA DR FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Change	

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: Mort Crim - MORT CRIM, PRESIDENT **4-30-06** **904 491-3269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #