

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000006218

Entity Name: AMELIA AIRWAYS, INC.

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2545 NORTHWEST 55TH COURT,  
SUITE 26  
FT. LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 70057  
ALBANY, GA 317080057 US

**New Mailing Address:**

FEI Number: 65-0397171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLION, DAVID M  
1461 ALCAZAR WAY S.  
ST. PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DO ( ) Delete  
Name: JEFF, MOORE  
Address: 7107 ECHO PINES DRIVE  
City-St-Zip: HUMBLE, TX 77346 US

Title: PRES ( ) Delete  
Name: ELLION, DAVID M  
Address: 1461 ALCAZAR WAY S.  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: VP ( ) Delete  
Name: ELLION, HEIDI R  
Address: 1038 SPRINGHILL DRIVE  
City-St-Zip: ALBANY, GA 31721

Title: SEC (X) Delete  
Name: MCWHORTER, JENNIFER J  
Address: 238 KINCHAFOONEE CREEK RD  
City-St-Zip: LEESBURG, GA 31763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M ELLION

PRES

11/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date