


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 047 ***150.00

DOCUMENT # P93000081932 1. Entity Name AMELIA ISLAND REALTY OF FLORIDA, INC.					
Principal Place of Business 317 CENTRE ST FERNANDINA BEACH, FL 32034 US			Mailing Address 317 CENTRE ST FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business 1325 Atlantic Ave.		3. Mailing Address P. O. Box 706			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fern. Beach, FL		City & State Fern. Beach, FL 32		4. FEI Number 59-3211550	
Zip 32034		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32035		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOCK, WILLIAM J JR 1676 REGATTA DR. FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Mock, William J. Jr. Street Address (P.O. Box Number is Not Acceptable) 1325 Atlantic Ave. City Fernandina Beach FL Zip Code 32034		
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 _____ DATE 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOCK, WILLIAM J JR. 1676 REGATTA DR. FERNANDINA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 Atlantic Ave. Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/1/04 Daytime Phone # 904 2618820			

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