

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90071 020 ***150.00

DOCUMENT # P96000061598

1. Entity Name
AMELIA INVESTMENT CORP.



Principal Place of Business Mailing Address

1601 GERBING RD.
 SUITE 110
 AMELIA ISLAND FL 32034
 US

1601 GERBING RD.
 SUITE 110
 AMELIA ISLAND FL 32034
 US

2. Principal Place of Business 3. Mailing Address

4828 FIRST COAST HWY **4828 FIRST COAST HIGHWAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 5 **SUITE 5**

City & State City & State

AMELIA ISLAND, FL **AMELIA ISLAND, FL**

Zip Country Zip Country

32034 **USA** **32034** **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MACDONALD, RALPH L JR.
1601 GERBING RD.
~~**SUITE 110**~~
AMELIA ISLAND FL 32034

4. FEI Number Applied For

59-3398154 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4828 FIRST COAST HIGHWAY

SUITE 5

City State Zip Code

AMELIA ISLAND **FL** **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	MACDONALD, RALPH L	
STREET ADDRESS	1601 GERBING RD., SUITE 110	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HALLIDAY, JOSEPH W	
STREET ADDRESS	4 TIMES SQUARE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	HAWKINS, CHERYL A	
STREET ADDRESS	1601 GERBING RD., SUITE 110	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4828 FIRST COAST HIGHWAY - SUITE 5	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4828 FIRST COAST HIGHWAY - SUITE 5	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Cheryl A. Hawkins - CHERYL A. HAWKINS - ASST. SEC Date: 1/22/04 Daytime Phone #: 904-321-2140