

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90043 035 ***150.00



DOCUMENT # P96000061598

1. Entity Name
AMELIA INVESTMENT CORP.

Principal Place of Business	Mailing Address
4828 FIRST COAST HWY SUITE 5 AMELIA ISLAND, FL 32034 US	4828 FIRST COAST HWY SUITE 5 AMELIA ISLAND, FL 32034 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3398154	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, RALPH L JR.
4828 FIRST COAST HWY
SUITE 5
AMELIA ISLAND, FL 32034

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MACDONALD, RALPH L
STREET ADDRESS	4828 FIRST COAST HWY - SUITE 5
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	VPS
NAME	HALLIDAY, JOSEPH W
STREET ADDRESS	4 TIMES SQUARE 3355 ROCKING HORSE CIRCLE
CITY-ST-ZIP	NEW YORK, NY 10022 ENCINITAS, CA 92024
TITLE	ASST.
NAME	HAWKINS, CHERYL A
STREET ADDRESS	4828 FIRST COAST HWY - SUITE 5
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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. 2-1-05 904-321-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #