


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 047 ***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**

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 SUITE 5
 AMELIA ISLAND FL 32034
 US**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3398154 Not Applicable

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

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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees

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	4828 FIRST COAST HWY - SUITE 5	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	HALLIDAY, JOSEPH W	
STREET ADDRESS	3355 ROCKING HORSE CIRCLE	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	HAWKINS, CHERYL A	
STREET ADDRESS	4828 FIRST COAST HWY - SUITE 5	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

SECRETARY & ASST. TREAS. Change Addition

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: *Cheryl A. Hawkins - Secretary* **CHERYL A. HAWKINS** 904-321-2140 2-9-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #