2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042574

Entity Name: AMELIA ISLAND HOMES, INC.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4224 OYSTER BAY DRIVE 2424 LYNNDALE ROAD

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US

Current Mailing Address: New Mailing Address:

P.O. BOX 6009 2424 LYNNDALE ROAD

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32035 US

FEI Number: 59-3448593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAYER, LANNY M RAUER, LANNY M

501 CENTRE ST., STE. 101 501 CENTRE ST., STE. 101

FERNANDINA BÉACH, FL 32034 US FERNANDINA BÉACH, FL 32034 US

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: LANNY M. RAUER 04/14/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: () Change () Addition

PALMER, GRANT Name: Name:

96161 PARK PLACE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip:

Title: DV Title: () Delete () Change () Addition

Name: PALMER, GARY Name: 425 BUCHANAN AVE Address: Address: CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

RUSH, WILLIAM V Name: Name: 4658 RIDE WALK LN Address: Address: City-St-Zip: JACKSONVILLE, FL 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: GRANT W. PALMER DP 04/14/2004