

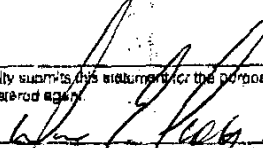
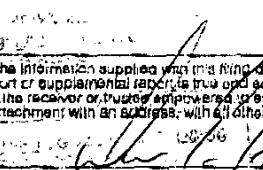
APR-26-2005 TUE 11:02 AM

FAX NO.

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90433 033 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000068404					
1. Entity Name D & S AMELIA PROPERTIES, INC.					
Principal Place of Business 4300 S FLETCHER AVE FERNANDINA, FL 32034 US			Mailing Address 4300 S. FLETCHER AVENUE FERNANDINA, FL 32034 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number 59-3480489			Applied For Not Applicable		
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, DREW E 4300 S. FLETCHER AVE FERNANDINA BEACH, FL 32034			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  (NOTE: Registered Agent signature required when withdrawing)					
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 Fee					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SCOTT, DREW E 4300 S. FLETCHER AVE FERNANDINA BEACH, FL 32034			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DYST SCOTT, SAM P 1406 N. RIVER OAKS DRIVE BLACKSHEAR, GA 31516			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not comply for the exemption stated in Section 119.07(3)(b), 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 life empowered.					
SIGNATURE 					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					