

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073066

FILED
Apr 16, 2009
Secretary of State

Entity Name: PARK PLACE OF AMELIA, INC.

Current Principal Place of Business:

5472 FIRST COAST HWY STE 1
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 8004
AMELIA ISLAND, FL 32035

New Mailing Address:

FEI Number: 59-3476410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, MARSHALL E ESQ
303 CENTRE STREET
SUITE 100
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BOWERS-CHAPLIN, DEE
Address: 1897 GARDENIA ST.
City-St-Zip: FERNANDINA BEACH, FL 32210

Title: V/D () Delete
Name: WILLIAMS, HUGH E
Address: 2882 LANDYN CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEE BOWERS CHAPLIN

P/D

04/16/2009

Electronic Signature of Signing Officer or Director

Date