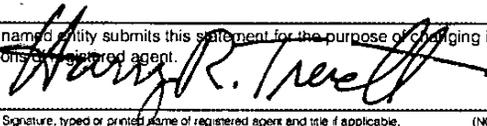
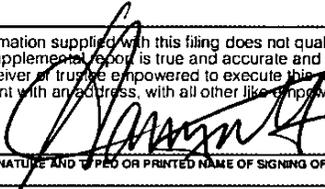


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 025 ***150.00

DOCUMENT # P98000071243			
1. Entity Name APARTMENT HOMES OF AMELIA, INC.			
Principal Place of Business P.O. BOX 1200 FERNANDINA BEACH, FL 32035		Mailing Address 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 US	
2. Principal Place of Business 1325 Atlantic Avenue Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1200 Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034	Country USA	Zip 32035	Country USA
6. Name and Address of Current Registered Agent SHEFFIELD, J. HOWARD 4209 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Harry R. Trevett Street Address (P.O. Box Number is Not Acceptable) 1325 Atlantic Avenue City Fernandina Beach FL Zip Code 32034	
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, the registered agent.			
SIGNATURE 		Harry R. Trevett, President 04/30/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TREVETT, HARRY R 1325 ATLANTIC AVENUE FERNANDINA BEACH, FL 32035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Harry R. Trevett, President 04/30/05 904-261-2235 Date Daytime Phone #	



01172005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3540756 Applied For Not Applicable

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

Harry R. Trevett

Harry R. Trevett