2009 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000006110

1. Entity Name

ART & ANTIQUE CENTRE OF AMELIA ISLAND, INC.

FILED

09 APR -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
702 CENTER ST FERNANDINA BEACH FL 32034 US	702 CENTER ST FERNANDINA BEACH FL 32034 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc	Street, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3553285 — 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
MOORE, EILEEN S 702 CENTRE ST. 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 _____
Signature of new registered agent (if applicable) Date Typed or printed name of registered agent

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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, EILEEN S 702 CENTRE ST. FERNANDINA BEACH FL 32034 ☐ Delete	☐ Change ☐ Addition 300148825153 04/06/09--01050--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, EILEEN S 702 CENTRE ST. FERNANDINA BEACH FL 32034 ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen S Moore 04/01/2009 904-277-2112