

ANNUAL REPORT

DOCUMENT # S37229

1. Entity Name
AMELIA MORTGAGE SERVICES, INC.Jan 29,
SecrPrincipal Place of Business
1627 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034-4206 USMailing Address
1627 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034-4206 US

01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3056761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'CONNELL, JANICE A.
1627 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Fees**

1100000203140

01225705-80017-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	O'CONNELL, JANICE A.
STREET ADDRESS	1627 SOUTH 8TH STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL

TITLE	V
NAME	COURSON, CARMEN
STREET ADDRESS	1627 SOUTH 8TH ST
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Janice A O'Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2005 9042771818

Date

Daytime Phone #