

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000104181

**Entity Name:** AMELIA HOME MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

78328 SADDLE ROCK RD  
SUITE B  
YULEE, FL 32097

**Current Mailing Address:**

P O BOX 392  
YULEE, FL 32041-0392 US

**FEI Number:** 45-3995320

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, AMY C  
78328 SADDLE ROCK RD  
SUITE B  
YULEE, FL 32097 US

*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

**Officer/Director Detail :**

Title DPST  
Name MURPHY, AMY C  
Address PO BOX 392  
City-State-Zip: YULEE FL 32041-0392

Title DVP  
Name MURPHY, JARED W  
Address PO BOX 392  
City-State-Zip: YULEE FL 32041

Title VP  
Name MURPHY, RYAN E  
Address P O BOX 392  
City-State-Zip: YULEE FL 32041-0392

Title EXECUTIVE SECRETARY  
Name MURPHY, MEAGAN RAE  
Address P O BOX 392  
City-State-Zip: YULEE FL 32041-0392

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMY C MURPHY

**OWNER/PRESIDENT**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date