2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State
03-21-2006 90017 033 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000045955

1. Entity Name
ASAPP REALTY, INC.

Principal Place of Business	Mailing Address
~~512 COMMERCE DRIVE, STE. D~~ ~~PANAMA CITY BEACH FL 32408~~ 2209 W.15 ST PANAMA CITY. FL 32401	~~512 COMMERCE DRIVE, STE. D~~ ~~PANAMA CITY BEACH FL 32408~~ 2209 W.15 ST. PANAMA CITY. FL 32401
2. Principal Place of Business: 2209 W 15th ST	3. Mailing Address: 2209 W 15th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY FL.	City & State: PANAMA CITY FLA
Zip: 32401 Country: BAY	Zip: 32401 Country: BAY

4. FEI Number: 20-2651939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAPP, ALBERT H.
~~512 COMMERCE DRIVE, STE. D~~
~~PANAMA CITY BEACH FL 32408~~
2209 W 15 ST
PANAMA City. FL 32401

7. Name and Address of New Registered Agent

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, 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, 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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM SAPP, ALBERT H ~~512 COMMERCE DRIVE, STE. D~~ ~~PANAMA CITY BEACH FL 32408~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM. ALBERT H SAPP 2209 W 15 ST PANAMA City FL 32401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert H Sapp owner + officer ALBERT H SAPP 850-769-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-7-06 Daytime Phone #