


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90030 017 ***150.00

DOCUMENT # P97000043573					
1. Entity Name JAMAT REALTY, INC.					
Principal Place of Business 707 S WASHINGTON BLVD SARASOTA, FL 34236			Mailing Address 707 S WASHINGTON BLVD SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 50 Central Ave. Suite 900 Sarasota, FL 34236		3. Mailing Address 50 Central Ave. Suite 900 Sarasota, FL 34236			
4. FEI Number 65-0782125		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TOSCH, JOHN % JAMAT REALTY INC. 707 S. WASHINGTON BLVD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name _____ St <u>50 Central Ave. Suite 900</u> (septable) Sarasota, FL 34236 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME BUCHANAN, VERNON G		<input type="checkbox"/> Delete	TITLE 50 Central Ave. Suite 900	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 707 S WASHINGTON BLVD	SARASOTA, FL 34236		STREET ADDRESS 50 Central Ave. Suite 900	Sarasota, FL 34236	
CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236		CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236	
TITLE SD	NAME TOSCH, JOHN		<input type="checkbox"/> Delete	TITLE 50 Central Ave. Suite 900	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 707 S WASHINGTON BLVD	SARASOTA, FL 34236		STREET ADDRESS 50 Central Ave. Suite 900	SARASOTA, FL 34236	
CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236		CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236	
TITLE VP	NAME GRUTERS, JOE		<input type="checkbox"/> Delete	TITLE 50 Central Ave. Suite 900	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 707 S WASHINGTON BLVD	SARASOTA, FL 34136		STREET ADDRESS 50 Central Ave. Suite 900	SARASOTA, FL 34236	
CITY-ST-ZIP SARASOTA, FL 34136	SARASOTA, FL 34136		CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236	
TITLE T	NAME NARVAEZ, CHRIS		<input checked="" type="checkbox"/> Delete	TITLE 50 Central Ave. Suite 900	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 707 S WASHINGTON BLVD	SARASOTA, FL 34236		STREET ADDRESS SARASOTA, FL 34236	SARASOTA, FL 34236	
CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236		CITY-ST-ZIP SARASOTA, FL 34236	SARASOTA, FL 34236	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	_____		STREET ADDRESS _____	_____	
CITY-ST-ZIP _____	_____		CITY-ST-ZIP _____	_____	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	_____		STREET ADDRESS _____	_____	
CITY-ST-ZIP _____	_____		CITY-ST-ZIP _____	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____			Date <u>3/8/7</u> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					