2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 8:00 am DOCUMENT # P98000095171 **Secretary of State** 1. Entity Name 02-15-2008 90015 009 ***150.00 JAS BEACH, INC. Principal Place of Business Mailing Address 7205 ESTERO BLVD FORT MYERS BEACH FL 33931 400 WASHINGTON COURT FORT MYERS BEACH FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEi Number City & State Applied For 65-0874916 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHENKO-WILLIAM E JR. 2801 ESTERO BLVD., SUITE C FT. MYERS FL 33931 8. The above named entity submits this statement for the purpose of changing its registered office or stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. RES SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition SPOTTŠ, JEFFREY A NAME NAME 400 WASHINGTON COURT STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPOTTS, SANDRA SUSAN NAME NAME 400 WASHINGTON COURT STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP FORT MYERS BEACH FL 33931 CITY - ST- EIP TITLE TITLE ☐ Change ■ Addition Derete NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Defete TITLE ☐ Change Addition IL JAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Deiete Change Addition MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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SIGNATURE: SIGNATURE: DELLA SIGNATURE DELLA SI

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.