


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 009 ***150.00

DOCUMENT # S53756 1. Entity Name JAS COASTAL REALTY, INC.			
Principal Place of Business 4507 FURLING UNIT 213 DESTIN, FL 32541 US		Mailing Address 4507 FURLING UNIT 213 DESTIN, FL 32541 US	
2. Principal Place of Business 165 Crest Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5708 Suite, Apt. #, etc.	
City & State Destin FL Zip 32550 Country Okaloosa		City & State Destin Florida Zip 32541 Country Okaloosa	
4. FEI Number 59-3070625		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 SHARPE, JAMES A 4507 FURLING LN UNIT #213 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name JAMES A SHARPE Street Address (P.O. Box Number is Not Acceptable) 165 CREST DRIVE City DESTIN FL Zip Code 32550	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHARPE, JAMES A	NAME	
STREET ADDRESS	165 CREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHARPE, ANNE	NAME	
STREET ADDRESS	165 CREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CARR, SHANNON	NAME	
STREET ADDRESS	4456 KINGSLYNN ROAD	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
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 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: James A Sharpe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/30/04 Daytime Phone # 850 650-3977	