## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53756

Entity Name: JAS COASTAL REALTY, INC.

FILED Sep 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

165 CREST DR. 1346 DRIFTWOOD PT. ROAD DESTIN, FL 32550 US SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

P.O. BOX 5708 P.O. BOX 6057

DESTIN, FL 32541 US DESTIN, FL 32550 US

FEI Number: 59-3070625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHARPE, JAMES A

165 CREST DR.

SHARPE, JAMES A

1346 DRIFTWOOD PT. ROAD

DESTIN, FL 32550 US SANTA ROSA BEACH, FL 32459 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: 09/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SHARPE, JAMES A Name: SHARPE, JAMES A

Address: 165 CREST DRIVE Address: 1346 DRIFTWOOD PT. ROAD
City-St-Zip: DESTIN, FL 32550 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SHARPE, ANNE Name: SHARPE, ANNE

 Address:
 165 CREST DRIVE
 Address:
 1346 DRIFTWOOD PT. ROAD

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CARR, SHANNON
 Name:

 Address:
 4456 KINGSLYNN ROAD
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES A. SHARPE PD 09/01/2006