

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53756

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: JAS COASTAL REALTY, INC.

## Current Principal Place of Business:

1346 DRIFTWOOD PT. ROAD  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

43 E. SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459 US

## Current Mailing Address:

P.O. BOX 6057  
DESTIN, FL 32550 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

SHARPE, JAMES A  
1346 DRIFTWOOD PT. ROAD  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

SHARPE, JAMES A  
43 E. SHIPWRECK ROAD  
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: \_\_\_\_\_

07/18/2007

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:

Title: PD ( ) Delete  
Name: SHARPE, JAMES A  
Address: 1346 DRIFTWOOD PT. ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD ( ) Delete  
Name: SHARPE, ANNE  
Address: 1346 DRIFTWOOD PT. ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete  
Name: CARR, SHANNON  
Address: 4456 KINGSLYNN ROAD  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHARPE, JAMES A  
Address: 43 E. SHIPWRECK ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD (X) Change ( ) Addition  
Name: SHARPE, ANNE  
Address: 43 E. SHIPWRECK ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change ( ) Addition  
Name: CARR, SHANNON  
Address: 4465 KINGSLYNN ROAD  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify 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

07/18/2007

Electronic Signature of Signing Officer or Director

Date