

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90271 049 \*\*\*150.00

**DOCUMENT # P00000059293**

1. Entity Name  
**INLET PROPERTIES, INC.**



Principal Place of Business  
 1200 WEST HIGHWAY 434  
 SUITE 102  
 LONGWOOD, FL 32750

Mailing Address  
 257 MINORCA BEACH WAY  
 NEW SMYRNA BEACH, FL 32169

**20046352**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3650927**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDRY, CLAUDINE  
 257 MINORCA BEACH WAY  
 NEW SMYRNA BEACH, FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **GARWOOD, BARBARA**  
 STREET ADDRESS **339 LAKEVIEW STREET**  
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **D**  Change  Addition  
 NAME **BROWN, CHARLES**  
 STREET ADDRESS **257 MINORCA BEACH WAY #1108**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **D**  Delete  
 NAME **LANDRY, CLAUDINE**  
 STREET ADDRESS **1525 PINE TREE DRIVE**  
 CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CUTLER, MYRON**  
 STREET ADDRESS **257 MINORCA BEACH WAY #1408**  
 CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *Claudine J. Landry*  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/23/05  
 DATE

Daytime Phone #