

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 08, 2009
Secretary of State**

DOCUMENT# P00000059293

Entity Name: INLET PROPERTIES, INC.

Current Principal Place of Business:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3650927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APPLGATE, GEOFF
Address: 257 MINORCA BEACH WAY 1603
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LANDRY, CLAUDINE
Address: 1525 PINE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: CUTLER, MYRON
Address: 257 MINORCA BEACH WAY #1408
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: APPLGATE, GEOFF
Address: 257 MINORCA BEACH WAY 1603
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TRES (X) Change () Addition
Name: SHAUGER, ROBERTA
Address: 257 MINORCA BEACH WAY #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: TAYLOR, SHEILA
Address: 257 MINORCA BEACH WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32129

Title: BRKR () Change (X) Addition
Name: CONCANNON, ANN
Address: 620 E. 3RD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ANN CONCANNON

BRKR

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date