

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059293

Entity Name: INLET PROPERTIES, INC.

FILED  
Feb 13, 2012  
Secretary of State

**Current Principal Place of Business:**

257 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

257 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**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: PRES  
Name: PRATI, RONALD C  
Address: 257 MINORCA BEACH WAY #1705  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: SEC  
Name: TAYLOR, SHEILA  
Address: 257 MINORCA BEACH WAY #1406  
City-St-Zip: NEW SMYRNA BEACH, FL 32129

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD C. PRATI

PRES

02/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date