


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90016 013 ****70.00

DOCUMENT # 712468	
1. Entity Name INLET BEACH WATER SYSTEM, INC.	

Principal Place of Business 149 CARSON LANE PANAMA CITY BEACH, FL 32413 US	Mailing Address 149 CARSON LANE PANAMA CITY BEACH, FL 32413 US
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2. Principal Place of Business 149 CARSON LA	3. Mailing Address 149 CARSON LA
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PANAMA CITY BEACH FL	City & State PANAMA CITY BEACH FL
Zip 32413	Zip 32413
Country WALTON	Country WALTON

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL, BOB 7015 S LAGOON DR PANAMA CITY, FL 32408	7. Name and Address of New Registered Agent Name M. TCHELL, BOB Street Address (P.O. Box Number is Not Acceptable) 209 WALTON MAGNOLIA LANE City PANAMA CITY BEACH FL Zip Code 32413
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> NEW ADDRESS
SAME DIRECTOR →

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 *Robert A. Mitchell* DATE *MAR 16, 04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, PAUL CRAIG 169 POMPAO ST PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, JACK 114 LAKEVIEW DR HEFLIN, AL 326641620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, BOB 7015 S LAGOON DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, TERRY 236 W PARK PLACE PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition HAS RECENTLY RESIGNED. WAITING FOR NEW APPOINTMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PATRICK DR PO BOX 813 DOTHAN, AL 36302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Robert A. Mitchell* DATE *MAR 16, 04* (RSD) 832-5598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR