2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

01-26-2006 90032 015 *****8.75
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DOCUMENT # 712468

1. Entity Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
149 CARSON LANE PANAMA CITY BEACH FL 32413 US	149 CARSON LANE PANAMA CITY BEACH FL 32413 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
149 CARSON LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY BEACH, FL	City & State
Zip: 32413 Country: WALTON	Zip Country

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, BOB
209 WALTON MAGNOLIA LANE
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name: N/A

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: Robert A Mitchell January 18, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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 POMPANO ST PANAMA CITY BEACH FL 32413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER, DIRECTOR Jim KELLY PO BOX 370 HARTFORD AL 36344	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOOD, JACK 114 LAKEVIEW DR HEFLIN AL 32664-1620	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700067450157 03/09/06--01017--015 **52.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, BOB 7015 S LAGOON DR PANAMA CITY FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, PATRICK DR PO BOX 813 DOTHAN AL 36302	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMER, FRANK P.O. BOX 5246 COLUMBUS GA 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TB 3/1/06	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Jan 18, 2006 (850) 231-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #