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

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

1st MOORE CR2E037 (10/05)

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	7. Name and Address of New Registered Agent
MITCHELL, BOB 209 WALTON MAGNOLIA LANE PANAMA CITY BEACH FL 32413	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: RA Mitchell Robert A Mitchell January 18, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) 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: PD NAME: ROBERTS, PAUL CRAIG STREET ADDRESS: 169 POMPANO ST CITY-ST-ZIP: PANAMA CITY BEACH FL 32413	☐ Delete	TITLE: BOARD MEMBER, DIRECTOR NAME: Jim KELLY STREET ADDRESS: PO BOX 370 CITY-ST-ZIP: HARTFORD AL 36344	☐ Change ☑ Addition
TITLE: VD NAME: WOOD, JACK STREET ADDRESS: 114 LAKEVIEW DR CITY-ST-ZIP: HEFLIN AL 32664-1620	☒ Delete	TITLE: NAME: STREET ADDRESS: 700067450157 CITY-ST-ZIP: 03/09/06--01017--015 **52.50	☐ Change ☐ Addition
TITLE: D NAME: MITCHELL, BOB STREET ADDRESS: 7015 S LAGOON DR CITY-ST-ZIP: PANAMA CITY FL 32408	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: JONES, PATRICK DR STREET ADDRESS: PO BOX 813 CITY-ST-ZIP: DOTHAN AL 36302	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: COMER, FRANK STREET ADDRESS: P.O. BOX 5246 CITY-ST-ZIP: 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: BB 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: RA Mitchell Robert A Mitchell Jan 18, 2006 (850) 231-4498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #