## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # J285/1  1. Entity Name INLET TITLE COMPANY, INC. OF VOLUSIA COUNTY				01-26-2004 90062 037 ***150.00
Principal Place of Business Mailing Address  C/O KAY H. SIKES  316 CANAL STREET  NEW SMYRNA BEACH, FL 32168  Mailing Address  C/O KAY H. SIKES  316 CANAL STREET  NEW SMYRNA BEACH, FL 32			32168	E MATERIA DI IN TIL TOTOT DI INFORDAZI ANDA DI INJU ANDAN
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Chg-P CR2E034 (10/03)
City & State		City & State	,	4. FEI Number Applied For- 59-2771980 Not Applicable
Zìp	Country		*Country	5. Certificate of Status Desired Security Securi
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
SIKES, KAY H 2603 WOODLAND DRIVE EDGEWATER, FL 32141			Street Address	ss (P.O. Box Number is MonAcceptable)  Charles Hallm J
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: Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating)  DATE				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN			\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ! NAME STREET ADDRESS CITY-ST-ZIP	PD SIKES, KAY H 2603 WOODLAND DRIVE EDGEWATER, FL 32141	☐ Delete	TITLE NAME SITREET ADORESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRATZEL, ROBERT B JR. 12 OAK LANE DELAND, FL	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	calone, Tissary Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, DESIREE D 2603 WOODLAND DRIVE EDGEWATER, FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Del¢le	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change { ☐ Addition
12. Thereby indicated of the co-	certify that the information supplied with on this report or supplemental report reporation or the receiver or trustee end, or on an attachment with an addres	vith this filing does not quality for t is true and accurate and that m repowered to execute this report s with all other like empowered.	the exemption stated in signature shall have as required by Chapter .	in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information the same legal effect as if made under cath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if