

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90065 033 ***150.00

DOCUMENT # J28571

1. Entity Name
INLET TITLE COMPANY, INC. OF VOLUSIA COUNTY



Principal Place of Business
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 32168

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2771980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SIKES, KAY H
3008 QUEEN PALM DR
EDGEWATER, FL 32141

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIKES, KAY H
STREET ADDRESS	3008 QUEEN PALM DR
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	STD
NAME	SCALONE, TIFFANY
STREET ADDRESS	10300 MIDSTATE AVENUE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	THIBALT, DESIREE
STREET ADDRESS	259 SPRINGS COLONY CIRCLE 2032 Glenfield Crossing Ct
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714 St. Augustine, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kay H Sikes *KAY H SIKES* *5-1-06* *386-423-0449*