

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**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**



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000912765  
05/07/08-80092-016 150.00**

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Kay H Sikes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kay H Sikes*

*4-18-08*  
Date

*386-423-0447*  
Daytime Phone #