


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90162 046 \*\*\*150.00

**DOCUMENT # P0000068725**

1. Entity Name  
**INLET BEACH CAPITAL CORPORATION**



Principal Place of Business 12889 EMERALD COAST PKWY, STE 111-A DESTIN, FL 32541	Mailing Address 12889 EMERALD COAST PKWY, STE 111-A DESTIN, FL 32541
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**DO NOT WRITE IN THIS SPACE**

400688070



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3658778</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HENRY, THOMAS B JR.  
 12889 EMERALD COAST PARKWAY  
 SUITE 111-A  
 DESTIN, FL 32550

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, THOMAS B JR 12889 EMERALD COAST PKWY., SUITE 111-A DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD KLEIN, HERMAN F JR 906 BALL STREET, SUITE 10 PERRY, GA 31069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Thomas B Henry* **4/19/06** (850) 654-4818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #