

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 017 ***150.00

DOCUMENT # P00000068725					
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		
2. Principal Place of Business - No P.O. Box # 6910 E CR 30A Suite, Apt. #, etc.		3. Mailing Address 6910 E CR 30A Suite, Apt. #, etc.			
City & State Prominence FL		City & State Prominence FL		4. FEI Number 59-3658778	
Zip 32413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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			7. Name and Address of New Registered Agent Name: Henry, Thomas B Jr Street Address (P.O. Box Number is Not Acceptable): 6910 E CR 30A City: Prominence FL Zip Code: 32413		
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 reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME HENRY, THOMAS B JR STREET ADDRESS 12889 EMERALD COAST PKWY., SUITE 111-A CITY-ST-ZIP DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE PD NAME Henry, Thomas B Jr STREET ADDRESS 6910 CR 30A CITY-ST-ZIP Prominence FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPSD NAME KLEIN, HERMAN F JR STREET ADDRESS 906 BALL STREET, SUITE 10 CITY-ST-ZIP PERRY, GA 31069	<input checked="" type="checkbox"/> Delete		TITLE VPSD NAME Klein, Jackie STREET ADDRESS 106 Ball Street Ste 10 CITY-ST-ZIP Perry GA 31069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			4/11/07 Date		
850-231-7942 Daytime Phone #					