I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE HALI	
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Electronic Signature of Signing Officer/Director Detail

# 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# J28571

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

# **Current Principal Place of Business:**

INLET TITLE OF VOLUSIA CO INC 316 CANAL ST NEW SMYRNA, FL 32168

# **Current Mailing Address:**

INLET TITLE OF VOLUSIA CO INC **316 CANAL STREET** NEW SMYRNA, FL 32168 US

### FEI Number: 59-2771980

### Name and Address of Current Registered Agent:

BUSINESS CONTROL SERVICE, INC. 3925 S NOVA RD. PORT ORANGE, FL 32127 US

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.

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SIGNATURE	: MICHAEL BELUS		(	02/04/2025	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	HALL, STEPHANIE	Name	FOLSOM, TERRI		
Address	INLET TITLE OF VOLUSIA CO INC 316 CANAL STREET	Address	INLET TITLE OF VOLUSIA CO IN 316 CANAL STREET	C	
City-State-Zip:	NEW SMYRNA FL 32168	City-State-Zip:	NEW SMYRNA FL 32168		

# Certificate of Status Desired: No

PRESIDENT

02/04/2025

FILED Feb 04, 2025 Secretary of State 3793586866CC

Date