

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 040 ***150.00

DOCUMENT # L86706

1. Entity Name
INTERFIVE FLORIDA COMPANY, INC.



Principal Place of Business
**1 DOUGLASS ST
HOMOSASSA, FL 34446 US**

Mailing Address
**ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA SPRINGS, FL 34446 US**

94068011



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent

**TANIO, JUN
ONE DOUGLAS STREET
HOMOSASSA, FL 34446**

**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

4/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PDT
INOUE, YUKIHISA
18 UMENOKICHO, SHIMOGAMO
KYOTO, JAPAN,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OGASAWARA, YUMICO
18 UMENOKICHO, SHIMOGAMO
KYOTO, JAPAN,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ISHIHARA, KAYOKO
3-78 YOBITSUGI-CHO
AICHI, JAPAN,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAWATA, TAIZO
2-24-16 VEHARA, SHIBUYA-KU
TOKYO, JAPAN,**

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 exemption stated in Section 119.07(3)(i), 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

JUN TANIO

4/26/04

Date

352-382-3112

Daytime Phone #