


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L86706</b>	
1. Entity Name <b>INTERFIVE FLORIDA COMPANY, INC.</b>	

Principal Place of Business <b>1 DOUGLASS ST HOMOSASSA, FL 34446 US</b>	Mailing Address <b>ATTN: CONTROLLER P.O. BOX 3809 HOMOSASSA SPRINGS, FL 34446 US</b>
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**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-P CR2E034 (10/03)

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

**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]* **JUN TANIO CONTROLLER** 4/15/05  
(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, 2005 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	

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04/22/05-80056-020 150.00

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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]* 4/15/05 352-382-3112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #