

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86706

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** INTERFIVE FLORIDA COMPANY, INC.

**Current Principal Place of Business:**

1 DOUGLASS ST  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 3809  
HOMOSASSA SPRINGS, FL 34447

**FEI Number:** 65-0206853      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANIO, JUN  
ONE DOUGLAS STREET  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: INOUE, YUKIHISA  
Address: 18 UMENOKICHO, SHIMOGAMO  
City-St-Zip: KYOTO, JAPAN,

Title: VSD  
Name: ISHIHARA, KAYOKO  
Address: 3-78 YOBITSUGI-CHO  
City-St-Zip: AICHI, JAPAN,

Title: D  
Name: TANIO, JUN  
Address: 8 PINE ST  
City-St-Zip: HOMOSASSA, FL 34446

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: YUKIHISA INOUE

PDT

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date