

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001604

1. Entity Name
TERMI-MESH USA INC.



Principal Place of Business

**48 CENTURY RD
MALAGA, AU 6090**

Mailing Address

**101 E KENNEDY BLVD
STE 2800
TAMPA, FL 33602**



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2382204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YADLEY, GREGORY C
101 E. KENNEDY BLVD., STE 2800
TAMPA, FL 33602**

**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

**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**

000000081873
03/09/04-80003-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOUTOUNTZIS, VASILIOS
STREET ADDRESS	72 SEAWARD LOOP
CITY-ST-ZIP	SORRENTO, WA 6020
TITLE	D
NAME	TOUTOUNTZIS, AGAPI
STREET ADDRESS	72 SEAWARD LOOP
CITY-ST-ZIP	SORRENTO, WA 6020
TITLE	CD
NAME	TANIKAWA, HIDEAKI
STREET ADDRESS	48 CENTURY ROAD
CITY-ST-ZIP	MALAGA, WA 6090
TITLE	STD
NAME	MATSUKI, YOSHIO
STREET ADDRESS	6-15 HIGASHI YAMA-CHO KOYDEN
CITY-ST-ZIP	NISHINOMIYA, JA
TITLE	AS
NAME	YADLEY, GREGORY C
STREET ADDRESS	101 E KENNEDY BLVD., STE 2800
CITY-ST-ZIP	TAMPA, FL 33602
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 or 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

24th February 2004 (08)9249 3868

Date

Daytime Phone #