

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G44802**

1. Entity Name

HAYASHI, INC.



Principal Place of Business

% MICHAEL S. HAYASHI  
7022 MASCOTTE ST.  
TAMPA FL 33616

Mailing Address

% MICHAEL S. HAYASHI  
7022 MASCOTTE ST.  
TAMPA FL 33616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2346200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYASHI, MICHAEL S.  
7022 MASCOTTI ST.  
TAMPA FL 33616

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
HAYASHI, MICHAEL S  
7022 MASCOTTE ST  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000220794  
02/09/05-80003-014 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

*Michael Hayashi President* FEB 1, 05 813 831 3935