

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H51292

1. Entity Name
JAPAN IAIDO FOUNDATION, INC.



Principal Place of Business
**4055 TAMAMI TRAIL
SUITE 18
PORT CHARLOTTE, FL 33952**

Mailing Address
**4055 TAMAMI TRAIL
SUITE 18
PORT CHARLOTTE, FL 33952**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2508956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, GERALD
2179 SHILO ST
PORT CHARLOTTE, FL 33980**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000506915
04/27/06-00043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BASS, GERALD
STREET ADDRESS	2179 SHILO ST
CITY- ST- ZIP	PORT CHARLOTTE, FL 33980

TITLE	DVP
NAME	BASS, PAMELA
STREET ADDRESS	2179 SHILO ST
CITY- ST- ZIP	PORT CHARLOTTE, FL 33980

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

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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 exemptions contained in Chapter 119, 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

3/16/06
Date

Daytime Phone #