

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # L86699

1. Entity Name
SUNTACC AND COMPANY, INC.



Principal Place of Business
**1 DOUGLAS ST
HOMOSASSA, FL 34446 US**

Mailing Address
**ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA, FL 34447 US**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206839	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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, 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**

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
**V
COOKE, STANLEY
5 RYEWOOD CIR.
HOMOSASSA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000541107
05/10/06-80045-006 150.00

**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

4/24/06 352-796-5500 X17
Date Daytime Phone #