

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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
---	--



04232008 No Chg-P CR2E034 (11/05)

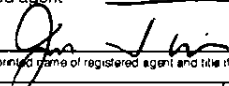
4. FEI Number 65-0206839	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TANIO, JUN ONE DOUGLAS STREET HOMOSASSA, FL 34446
--

**DO NOT WRITE
IN THIS SPACE**

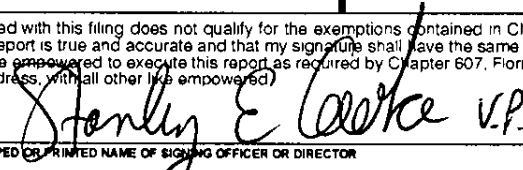
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	JUN TANIO	4/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	

U000000939040
05/28/08-80011-009 150.00

**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: 	Stanley E. Cooke V.P.	4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		