2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L86702

Entity Name: FLOVICC AND COMPANY, INC.

Current Principal Place of Business:

1 DOUGLAS ST, SMW
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 65-0206845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TANIO, MR. JUN
ONE DOUGLAS STREET
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: INOUE, YUKIHISA
Address: 18 UMENOKICHO, SHIMOGAMO
City-St-Zip: KYOTO, JAPAN,

Title: D ( ) Delete
Name: OGASAWARA, YUMICO
Address: 18 UMENOKICHO, SHIMOGAMO
City-St-Zip: KYOTO, JAPAN,

Title: VSD ( ) Delete
Name: ISHIHARA, KAYOKO
Address: 3-78 YOBITSUGI-CHO
City-St-Zip: AICHI, JAPAN,

Title: V ( ) Delete
Name: COOKE, STANLEY
Address: 5 RYEWOOD CIR.
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YUKIHISA INOUE PDT 04/10/2009
Electronic Signature of Signing Officer or Director Date