

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L86706

1. Entity Name
INTERFIVE FLORIDA COMPANY, INC.



Principal Place of Business

1 DOUGLASS ST
HOMOSASSA, FL 34446 US

Mailing Address

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



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0206853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INOUE, YUKIHISA
STREET ADDRESS 18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP KYOTO, JAPAN,

TITLE D
NAME OGASAWARA, YUMICO
STREET ADDRESS 18 UMENOKICHO, SHIMOGAMO
CITY-ST-ZIP KYOTO, JAPAN,

TITLE VSD
NAME ISHIHARA, KAYOKO
STREET ADDRESS 3-78 YOBITSUGI-CHO
CITY-ST-ZIP AICHI, JAPAN,

TITLE D
NAME KAWATA, TAIZO
STREET ADDRESS 2-24-16 VEHARA, SHIBUYA-KU
CITY-ST-ZIP TOKYO, JAPAN,

TITLE D
NAME TANIO, JUN
STREET ADDRESS 8 PINE ST
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/7/07

352-382-3112