

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90030 030 ***150.00

DOCUMENT # P01000104360

1. Entity Name

MAKINO, INC.



Principal Place of Business

10801 STARKEY ROAD
SUITE 18
LARGO FL 33777-1160

Mailing Address

10801 STARKEY ROAD
SUITE 18
LARGO FL 33777-1160

2. Principal Place of Business

10801 STARKEY ROAD
Suite, Apt. #, etc.
#18

3. Mailing Address

10801 STARKEY ROAD
Suite, Apt. #, etc.
#18

City & State

LARGO FL

City & State

LARGO FL

Zip

33777

Country

Zip

33777

Country

4. FEI Number

59-3533842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGATOMO, MASAKO
8727 BARDMOOR PLACE, #203
LARGO FL 33777

7. Name and Address of New Registered Agent

Name Keiki Makino KEIKIMAKINO
Street Address (P.O. Box Number is Not Acceptable)
8727 BARDMOOR PLACE
#203
City LARGO FL Zip Code 33777

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 Keiki Makino
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8 2004
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAKINO, KEIKI ☐ Delete
STREET ADDRESS 8727 BARDMOOR PLACE, #203
CITY-ST-ZIP LARGO FL 33777

TITLE ST
NAME NAGATOMO, MASAKO ☐ Delete
STREET ADDRESS 8727 BARDMOOR PLACE 203
CITY-ST-ZIP LARGO FL 33777

TITLE
NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Keiki Makino KEIKI MAKINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8 2004
Date Daytime Phone #