

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 031 ***150.00

DOCUMENT # P02000006295

1. Entity Name
TOKYO BAY, INC.



Principal Place of Business
**13550 REFLECTION PKWY
FORT MYERS, FL 33907**

Mailing Address
**137 PLACID DR
FORT MYERS, FL 33919**

14013370



2. Principal Place of Business

3. Mailing Address

6314 Whiskey Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

04122005

Chg-P

CR2E034 (10/03)

City & State

City & State
Fort Myers

4. FEI Number

45-0462973

Applied For

Not Applicable

Zip

Country

Zip

33919

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIN, SEUNGYOUL
13550 REFLECTIONS PKY
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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 ☐ Delete
NAME SHIN, SEUNGYOUL
STREET ADDRESS 414 S.E. 13TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE TD ☐ Delete
NAME SHIN, JENNIFER
STREET ADDRESS 414 S.E. 13TH STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE VD ☐ Delete
NAME SHIN, BOO SOON
STREET ADDRESS 2938 S.W. 4TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 (239) 433-0508