

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90002 031 ***150.00

DOCUMENT # P03000087240

1. Entity Name
TAIYO CORPORATION



Principal Place of Business *Rocky* Mailing Address
~~2989 LOOKOUT BLVD.~~ *809 SW 15th Ave* ~~2989 LOOKOUT BLVD.~~
PORT ST. LUCIE, FL ~~34984~~ *terr* PORT ST. LUCIE, FL ~~34984~~
34986 *34986*

50058169



07252005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0272826

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

IKEDA, FUMIKO
~~2989 LOOKOUT BLVD.~~ *809 SW Rocky Bayou Terr*
PORT ST. LUCIE, FL ~~34984~~ *34986*

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME IKEDA, FUMIKO
STREET ADDRESS ~~2989 LOOKOUT BLVD.~~ *SAME AS ABOVE*
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE
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IN THIS SPACE**

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:

Fumiko Ikeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05
Date

9547525130
Daytime Phone #