

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-16-2007 90026005 ***150.00
P04000007860

FILED

07 JUL 16 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90114050



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0456589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # P04000007860

1. Entity Name
ICHIBAN EAST AND WEST, INC.



Principal Place of Business

5555 N DAVIS HIGHWAY
SUITE #1
PENSACOLA, FL 32503

Mailing Address

5555 N DAVIS HIGHWAY
SUITE #1
PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

MORRISON, JAMES C
3895 WINONA DRIVE
PENSACOLA, FL 32504

**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 re-registering)

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	S
NAME	LIN, CHIA T
STREET ADDRESS	5555 N DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	P
NAME	LIN, HEYCHIN S
STREET ADDRESS	5555 N DAVIS HIGHWAY
CITY - ST - ZIP	PENSACOLA, FL 32503

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/17 (850)346-0126