2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P30506

Entity Name
 JAPAN PACIFIC TRADING CORPORATION



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business 305 WEST BROAD STREET GROVELAND, FL 34736 L Mailing Address

305 WEST BROAD STREET GROVELAND, FL 34736 US



04272005

No Chg-P

CR2E034 (10/03)

4. FEI Number 95-4215442 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENSCHER, JULIAN M 5165 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE FL 34786

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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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENSCHER, JULIAN M 305 W BROAD STREET GROVELAND, FL 34736					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROAT, GEORGE 305 W BROAD STREET GROVELAND, FL 34736	_			000000352225 05/03/05-80018-018 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			- - - -	DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE			i			

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:

NAME STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIAN M. BENSCHER

04/27/05

352-429-2101

Daytime Phone #