


2004 FOR PROFIT CORPORATION ANNUAL REPORT

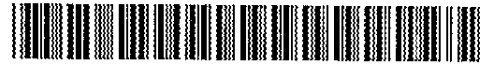
FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K34895
 1. Entity Name
AERO-TRANS CORP.



Principal Place of Business 6015 SW HWY 200 SUITE 101 OCALA, FL 34474 US	Mailing Address P.O. BOX 1476 OCALA, FL 34478-1476 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2909732	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEEWARD, JAMES K.
 1930 CLATTERBRIDGE ROAD
 OCALA, FL 34471

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEEWARD, DIRK P.O. BOX 1476 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEEWARD, JAMES K. P.O. BOX 1476 OCALA, FL 344781476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/15/04-80038-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *BY: [Signature]* **James K. Leeward** *4/7/04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #