


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90114 048 ***150.00

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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	
2. Principal Place of Business 3233 SE Maricamp Road		3. Mailing Address	
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc.	
City & State Ocala FL		City & State	
Zip 34471	Country Marion	Zip	Country
4. FEI Number 59-2909732		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEEWARD, JAMES K. 1930 CLATTERBRIDGE ROAD OCALA, FL 34471		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 BY: <u>James K. Leeward</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEEWARD, DIRK P.O. BOX 1476 OCALA, FL 34478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEWARD, JAMES K. P.O. BOX 1476 OCALA, FL 344781476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: BY: <u>James K. Leeward</u>		Date: <u>4/12/05</u> (352) 245-7007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	