


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

1. Entry Name AERO-TRANS CORP.	
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Principal Place of Business 3233 SE MARICAMP RD SUITE 601 OCALA, FL 34471 US	Mailing Address P.O. BOX 1476 OCALA, FL 34478-1476 US
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4. FEI Number 59-2909732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 B 144 7±± 0. 1. - . 4 4

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 0±±±±  
 B 144 4 ±±±±

10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	LEEWARD, DIRK
STREET ADDRESS	P.O. BOX 1476
CITY-ST-ZIP	OCALA, FL 34478
TITLE	PD
NAME	LEEWARD, JAMES K.
STREET ADDRESS	P.O. BOX 1476
CITY-ST-ZIP	OCALA, FL 344781476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/06-80100-023 150.00

**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 119, 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: James Leeward* *4/20/06*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #