

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F52780

1. Entity Name  
LEEWARD AIR RANCH AIRPORT, INC.



Principal Place of Business

3233 SE MARICAMP RD  
OCALA, FL 34474 US

Mailing Address

P O BOX 1476  
OCALA, FL 34478-1476

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2989384

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEEWARD, JAMES K  
1930 SE CLATTER BRIDGE RD  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME LEEWARD, JAMES K.  
STREET ADDRESS 1930 SE CLATTER BRIDGE RD  
CITY-ST-ZIP Ocala, FL 34471

TITLE VST  
NAME LEEWARD, DIRK  
STREET ADDRESS PO BOX 1476  
CITY-ST-ZIP Ocala, FL 344781476

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000862958  
03/21/07-80034-006 150.00

**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: *B4: [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/9/07*  
Date

Daytime Phone #