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Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90087 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000004292

1. Entity Name
LEEWARD SOUND CORPORATION

94029463

Principal Place of Business	Mailing Address
~~C/O SAMOUCE, MARRELL & FRANCOEUR, P.A.~~ 800 LAUREL OAK DRIVE, SUITE 300 NAPLES, FL 34108 US	~~C/O SAMOUCE, MARRELL & FRANCOEUR, P.A.~~ 800 LAUREL OAK DRIVE, SUITE 300 NAPLES, FL 34108 US
2. Principal Place of Business C/o Samouce, Murrell & Gal, P.A.	Suite, Apt. #, etc. C/o Samouce, Murrell & Gal, P.A.
City & State	City & State
Zip / Country	Zip / Country

03/08/2004 Chg-P CR2E034 (10/03)

4. FEI Number
98-0132408
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMOUCE, ROBERT C. ~~GAL~~ SAMOUCE, MURRELL & ~~SAMONCE~~, P.A. 800 LAUREL OAK DRIVE, SUITE 300 NAPLES, FL 34108	Name Samouce, Murrell & Gal, P.A. Street Address (P.O. Box Number is Not Acceptable) 800 Laurel Oak Drive, Suite 300 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 _____ President Ludwig 2/25/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $~~...~~.00

9. Election Campaign Financing ☐ **$5.00** May Be

10. OFFICERS — Grace Must Be Paid No Later Than May 1, 2004 X

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S.		☐ Change ☐ Addition
STREET ADDRESS	350 5TH AVE. SOUTH, SU	DRESS	
CITY-ST-ZIP	NAPLES, FL 33942	ZIP	
TITLE	D		☐ Change ☐ Addition
NAME	ADLER, EMMA		
STREET ADDRESS	350 5TH AVE. SOUTH, S	ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33942	I-ZIP	
TITLE			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE			
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

How much Sign, Print Date & Phone # below the section & $150 to State and $150 on next page.

12. I hereby 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. ...not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify ...

SIGNATURE: Ludwig 3.5.04 PH 596-9522 FL
SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CHAPTER 607, FLORIDA STATUTES DATE