

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90069 033 ***150.00

20013010



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
98-0132408

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

DOCUMENT # F93000004292

1. Entity Name
LEEWARD SOUND CORPORATION



Principal Place of Business
C/O SAMOUCÉ, MARRELL & GAL, P.A.
800 LAUREL OAK DRIVE, SUITE 300
NAPLES, FL 34108 US

Mailing Address
C/O SAMOUCÉ, MARRELL & GAL, 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.
5405 Park Central Court
City & State
Naples, FL 34109
Zip
34109 Country
USA

3. Mailing Address
C/O Samouce, Murrell & Gal, P.A.
Suite, Apt. #, etc.
5405 Park Central Court
City & State
Naples FL 34109
Zip
34109 Country
USA

6. Name and Address of Current Registered Agent
SAMOUCÉ, MURRELL & GAL
800 LAUREL OAK DRIVE, SUITE 300
NAPLES, FL 34108

7. Name and Address of New Registered Agent
Name
Samouce, Murrell & Gal, P.A.
Street Address (P.O. Box Number is Not Acceptable)
5405 Park Central Court
City
Naples FL Zip Code
34109

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 Robert Samouce, President Samouce, Murrell & Gal, PA 1/11/2005
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	PS LUDWIG, GERTRAUD 350 5TH AVE. SOUTH, SUITE 200 NAPLES, FL 33942 <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	D ADLER, EMMA 350 5TH AVE. SOUTH, SUITE 200 NAPLES, FL 33942 <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: Ludwig LUDWIG Feb. 5 - 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #