

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42741

Entity Name: LEEWARD TIME, INC.

FILED  
Feb 24, 2010  
Secretary of State

## Current Principal Place of Business:

12 FIRST STREET SW  
FT WALTON BCH, FL 32548 US

## New Principal Place of Business:

214 MIRACLE STRIP PARKWAY SW  
SUITE A105  
FT WALTON BCH, FL 32548 US

## Current Mailing Address:

PO BOX 2435  
FT WALTON BCH, FL 325492435 US

## New Mailing Address:

FEI Number: 25-1506813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERCAK, KAREN L VP  
214 MIRACLE STRIP PARKWAY SW  
A105  
FT. WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT  
Name: GERCAK, RICHARD E  
Address: 214 MIRACLE STRIP PKWY SW  
City-St-Zip: FT. WALTON BCH, FL 32548 US

Title: VS  
Name: GERCAK, KAREN L  
Address: 214 MIRACLE STRIP PKWY SW  
City-St-Zip: FT. WALTON BCH, FL 32548 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN L. GERCAK

VP

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date