## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 615269

Principal Place of Business

DESTIN, FL 32550

Mailing Address

10065 W. EMERALD COAST PKWY SUITE A-201

WINDSTARR REALTY, INC.

10065 W. EMERALD COAST PKWY Suite A-201

DESTIN, FL 32550 U

## FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90075 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE				59-192	01102008 No Chg-P CR2E034 (11/05)  4. FE! Number Applied For Not Applicable 59-1922131 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Regis	tered Agent			<del></del>			
HAAS, LYNN E 19 LAKEVIEW BCH DR DESTIN, FL 32550			DO NOT WRITE IN THIS SPACE					
<ol><li>The above the obligat</li></ol>	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Flo	xida. Ian	n familiar with, and accept	
	i i							
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Recisteres	d Agent signature	required when reinstating)		DATE		
FILE NOWIN FEE.IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees		·		
10.	OFFICERS AND DIRECT	CTORS	ł					
NAME STREET ADDRESS CITY-ST-ZIP	HAAS, LYNN E 19 LAKEVIEW BCH DR DESTIN, FL 32550		:					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
IME								

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 supplimental 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 deliver 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:

NAME STREET ADDRESS CITY-ST-ZEP

GNATURE AND DIPET OR PRINTED HADE OF MIGHING OFFICER OR DIRECTOR

04/28/08

(850) 837-1444