


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F69296</b> 1. Entity Name <b>WINDSTAR CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>1069 MAIN STREET P.O. BOX 781390 SEBASTIAN, FL 32978-8390</b>	Mailing Address <b>1069 MAIN STREET P.O. BOX 781390 SEBASTIAN, FL 32978-8390</b>
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02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2576574</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LULICH, STEVEN  
1069 MAIN STREET  
P.O. BOX 781390  
SEBASTIAN, FL 32978**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEZ IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000443778  
03/06/06-80025-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	LULICH, STEVEN
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	D
NAME	LULICH, STEVEN
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	V
NAME	LULICH, LINDA
STREET ADDRESS	1069 MAIN STREET
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/06**

Date

**(712) 589-5500**

Daytime Phone #