



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000004221 1. Entity Name WINDSTAR SERVICES INC.	
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Principal Place of Business PO BOX 27740 LAS VEGAS, NV 89126	Mailing Address PO BOX 27740 LAS VEGAS, NV 89126
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DO NOT WRITE IN THIS SPACE

FILED
04 SEP 30 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192003 No Chg-P CR2E034 (10/03) 04

4. FEI Number 88-0430721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDERS, BEVERLY
384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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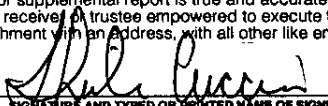
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'BANNON, MAURICE 5300 WEST SAHARA STE 101 LAS VEGAS, NV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUCCIA, SHEILA 5140 WOODLAND LAKES DRIVE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500041556565
10/04/04--01014--005 **550.00

**DO NOT WRITE
IN THIS SPACE**

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, a 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:  **Sheila Cuccia v.p.** **9/28/04** **(601) 575-2261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #