

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000045697**

1. Entity Name  
**WINDSTAR DEVELOPMENT, INC.**



**FILED  
Apr 07, 2008 8:00 am  
Secretary of State**

04-07-2008 90049 050 \*\*\*150.00

Principal Place of Business  
**2128 EL JOBEAN RD.  
PT. CHARLOTTE, FL 33948**

Mailing Address  
**2128 EL JOBEAN RD.  
PT. CHARLOTTE, FL 33948**

**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0770628</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**GUNDERSON, MIKO P  
1861 PLACIDA RD., STE. 204  
ENGLEWOOD, FL 34223**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instateing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>LOMBARDO, STEVE</b>
STREET ADDRESS	<b>2128 EL JOBEAN RD.</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE, FL 33948</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Steve L. Barboza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/08 941-624-5720*  
Date Daytime Phone #