2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# M80592

Entity Name: FLORIDA SABRE, INC.

Current Principal Place of Business:

325 JERSEY ST NE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

10436 E. POSADA AVENUE
MESA, AZ 85212

New Mailing Address:

10436 E. KEATS AVE
MESA, AZ 85212

FEI Number: 59-2901553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRONENBACH, JUDITH L.
325 JERSEY ST N
LAKE PLACID, FL 33852 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:	D	( ) Delete
Name:	PRITCHETT, JUDITH	
Address:	10436 E. POSADA AVENUE	
City-St-Zip:	MESA, AZ 85212	
Title:	V	( ) Delete
Name:	MAYES, MICHAEL T	
Address:	9494 OBSIDIAN COURT	
City-St-Zip:	GOLD CANYON, AZ 85219	
Title:	ST	( ) Delete
Name:	GIDELL, THERESA	
Address:	27248 ELENE MARIE	
City-St-Zip:	CHESTERFIELD, FL 48051	
Title:	T	( ) Delete
Name:	MAYES, STANLEY	
Address:	470 ROADRUNNER	
City-St-Zip:	APACHE JUNCTION, AZ 85219	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH L. PRITCHETT D 04/15/2004

Electronic Signature of Signing Officer or Director — Date