

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80592

Entity Name: FLORIDA SABRE, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

325 JERSEY ST NE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

10436 E. KEATS AVE
MESA, AZ 85212

New Mailing Address:

10704 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: D (X) Change () Addition
Name: PRITCHETT, JUDITH
Address: 10704 E. KEATS AVE
City-St-Zip: MESA, AZ 85212

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: MICHAEL T. MAYES

VP

02/21/2005

Electronic Signature of Signing Officer or Director

Date