

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90270 008 \*\*\*150.00

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04232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000008605</b> 1. Entity Name <b>SABLE CONSULTANTS, INC.</b>					
Principal Place of Business <del>3828 COCOPLUM CIRCLE</del> <del>COCONUT CREEK, FL 33063</del>			Mailing Address <del>3828 COCOPLUM CIRCLE</del> <del>COCONUT CREEK, FL 33063</del>		
2. Principal Place of Business <b>122 WEST COCONUT DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>122 WEST COCONUT DR</b> Suite, Apt. #, etc.			
City & State <b>LAKE WORTH, FLORIDA</b>		City & State <b>LAKE WORTH, FLORIDA</b>		4. FEI Number <b>59-3640566</b>	
Zip <b>33467</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GREEVE, PETRUS</b> <del>3828 COCOPLUM CIRCLE</del> <del>COCONUT CREEK, FL 33063</del>  <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">             CHANGE OF ADDRESS, ONLY!           </div>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>122 WEST COCONUT DRIVE</b>  City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEVE, PETRUS G 3828 COCOPLUM CIRCLE COCONUT CREEK, FL 33063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>PETRUS GREEVE</b>					

Date Daytime Phone #