


FILED  
Mar 10, 2005 8:00 am  
Secretary of State

02-09-2005 90028 018 \*\*\*158.75

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

2/97

DOCUMENT # P04000025044			
1. Entity Name SABIN COMPANIES, INC.			
Principal Place of Business 401 E. OSCEOLA STREET STUART, FL 34994		Mailing Address 401 E. OSCEOLA STREET STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent GOOGE, HOWARD E JR 401 E. OSCEOLA STREET STUART, FL 34994		5. FEI Number 27-0089342	
6. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of New Registered Agent		8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reappointing.	
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D SABIN, CHARLES H IV 1231 SW SUNSET TRAIL, SUITE 103 PALM CITY, FL 34990	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Charles H. Sabin</i>		2/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		DATE	
		772-283-8400	

66003947



01272005 Chg-P CR2E034 (10/03)