2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73402

Entity Name: SABRE MARINE, INC.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

123 MCGRIFF ST NE

FT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

123 MCGRIFF ST NE

FT WALTON BEACH, FL 32548 US

FEI Number: 59-3156449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERRI, DANIEL C INGRAM, DOUGLAS T JR

4 ELEVENTH AVENUE, SUITE ONE 912 S PALM BLVD

SHALIMAR, FL 32579 US SUITE E
NICEVILLE, FL 32578 US

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: DOUGLAS T INGRAM JR 02/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

 Name:
 LADURINI, CINDY
 Name:
 CASEY, LINDA M

 Address:
 20 BLUEWATER POINT RD
 Address:
 1227 TWINBAY DRIVE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 FT WALTON, FL 32547

Title: STD () Delete Title: VP (X) Change () Addition

 Name:
 LADURINI, DAVID
 Name:
 CASEY, SHAWN V

 Address:
 20 BLUEWATER POINT RD
 Address:
 1227 TWINBAY DRIVE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 FT WALTON, FL 32547

Title: D (X) Delete Title: () Change () Addition

 Name:
 BRYANT, CHERYL A
 Name:

 Address:
 7940 HWY 1187 WEST
 Address:

 City-St-Zip:
 FT WORTH, TX 76126
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 STEFFEN, LAURIE
 Name:

 Address:
 22 HIGHLAND DR
 Address:

 City-St-Zip:
 FT WALTON BEACH, FL 32548
 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: LINDA CASEY P 02/03/2005