

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007051

Entity Name: SABRE AVIATION, INC.

FILED  
Apr 06, 2010  
Secretary of State

**Current Principal Place of Business:**

2704 AUTUMN LEAVES DRIVE  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

2704 AUTUMN LEAVES DRIVE  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: 35-2039893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURTON, PAUL D  
2704 AUTUMN LEAVES DRIVE  
PORT ORANGE, FL 32128 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: CPDS  
Name: BURTON, PAUL D  
Address: 2704 AUTUMN LEAVES DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: VCVF  
Name: BURTON, NANCY A  
Address: 2704 AUTUMN LEAVES DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: T  
Name: BURTON, NANCY A  
Address: 2704 AUTUMN LEAVES DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

I hereby 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 all other like empowered.

SIGNATURE: PAUL D. BURTON

PRES

04/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date