

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 23, 2004 8:00 am
Secretary of State

08-18-2004 90006 017 ***150.00
09-23-2004 90002 017 ***400.00

DOCUMENT # V04889

1. Entity Name
1305, INC.



Principal Place of Business

918 WEST 1ST STREET
SANFORD, FL 32771 US

Mailing Address

918 WEST 1ST STREET
SANFORD, FL 32771 US



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3113733	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIHLEN & SILLS, P.A.
1173 SPRING CENTRE SOUTH BLVD.
SUITE C
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/23/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME BAYHI, BARBARA S
STREET ADDRESS 918 WEST 1ST STREET
CITY-ST-ZIP SANFORD, FL 32771

TITLE D
NAME BAYHI, BARBARA S
STREET ADDRESS 918 WEST 1ST STREET
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-04

Date

Daytime Phone #