
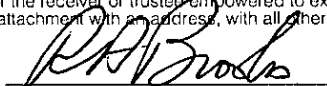


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90388 029 \*\*\*150.00

<b>DOCUMENT # F38083</b> 1. Entity Name TWELVE-TWO-SIXTY-FIVE, INC.					
Principal Place of Business <b>8109 ALISTER PLACE</b> PORT SAINT LUCIE, FL 34986 US			Mailing Address <b>8109 ALISTER PLACE</b> PORT SAINT LUCIE, FL 34986 US		
2. Principal Place of Business <b>8821 ONE PUTT PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>8821 ONE PUTT PLACE</b> Suite, Apt. #, etc.			
City & State <b>PORT ST. LUCIE, FL</b> Zip <b>34986</b> Country <b>USA</b>		City & State <b>PORT ST. LUCIE, FL</b> Zip <b>34986</b> Country <b>USA</b>		4. FEI Number <b>59-2130102</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ZAHARAKO, DOROTHY</b> <b>8109 ALISTER PLACE</b> <b>PORT SAINT LUCIE, FL 34986</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROOKS, R A 96 ABBEY PLACE JACKSON, TN 38305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSBY, LYNDIA B PO BOX 235 CALHOUN FALLS, SC 29628 <input checked="" type="checkbox"/> Delete		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	
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	
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	
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: 			4/26/04 731-989-6054		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		