

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90111 036 \*\*\*150.00

<b>DOCUMENT # V04889</b> 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	
2. Principal Place of Business P.O. Box 1618 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1618 Suite, Apt. #, etc.	
City & State Maitland, FL Zip 32794 Country USA		City & State Maitland, FL Zip 32794 Country	
4. FEI Number 59-3113733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Andre Hickman Street Address (P.O. Box Number is Not Acceptable) 200 Valencia Dr. City Maitland FL Zip Code 32751	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		Andre Hickman DATE 4-11-05 (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BAYHI, BARBARA S 918 WEST 1ST STREET SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD Andre F. Hickman P.O. Box 1618 Maitland, FL 32794 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYHI, BARBARA S 918 WEST 1ST STREET SANFORD, FL 32771 <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
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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Andre F. Hickman Date 4-11-05 (402) 331-1688 Daytime Phone #	