

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300000969

1. Entity Name
50-50 CLUB, INC.



FILED

04 MAY 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR

Principal Place of Business
2700 GRANT ST
MELBOURNE, FL 32901

Mailing Address
P.O. BOX 2047
MELBOURNE, FL 32902-2047



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:	
City & State		City & State	
Zip	Country	Zip	Country

05052004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 74-3122784

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, CHARLES W
2638 S HARBOR CITY BLVD
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	JACKSON, ANTHONY E	<input type="checkbox"/> Delete
NAME		2700 GRANT ST	
STREET ADDRESS		MELBOURNE, FL 32901	
CITY-ST-ZIP			
TITLE	V	JACKSON, HENRY R	<input type="checkbox"/> Delete
NAME		3108 SWIFT DR	
STREET ADDRESS		MELBOURNE, FL 32901	
CITY-ST-ZIP			
TITLE	T	JACKSON, CHARLES W	<input type="checkbox"/> Delete
NAME		P.O. BOX 2047	
STREET ADDRESS		MELBOURNE, FL 329022047	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/04--01024--011 **150.00

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: *Charles Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04 3217272533
Date Daytime Phone #