


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000000969
1. Entity Name
50-50 CLUB, INC.



Principal Place of Business: 2700 GRANT ST, MELBOURNE, FL 32901
Mailing Address: P.O. BOX 2047, MELBOURNE, FL 32902-2047

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number: 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
2838 S HARBOR CITY BLVD
MELBOURNE, FL 32901

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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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, ANTHONY E
STREET ADDRESS	2700 GRANT ST
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	V
NAME	JACKSON, HENRY R
STREET ADDRESS	3108 SWIFT DR
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	T
NAME	JACKSON, CHARLES W
STREET ADDRESS	P.O. BOX 2047
CITY-ST-ZIP	MELBOURNE, FL 329022047
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80112-014 150.00

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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 an other like empowered.

SIGNATURE: Charles W Jackson Treasurer 4-28-05 3217272533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #