

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000137337

1. Entity Name

JACKPOT PRODUCTIONS, INC.



Principal Place of Business

**9409 US HWY 19
PORT RICHEY, FL 34668**

Mailing Address

**9409 US HWY 19
PORT RICHEY, FL 34668**



04042005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0592007

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPENCE, MARK A
6400 MADISON ST
PORT RICHEY, FL 34652**

**DO NOT WRITE
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 re-stating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP**
**DST
GAMEL, WILLIAM
6208 GRAND BLVD
PORT RICHEY, FL 34652**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**D
DICORTE, BILLY
6208 GRAND BLVD
PORT RICHEY, FL 34652**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U000000295847
04/09/05-80044-004 150.00

**DO NOT WRITE
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)(f), 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:

William Gamel **William Gamel**

4-7-05

727 846 972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #