


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb.03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084444

1. Entity Name
FIFTY MISSION INC.



Principal Place of Business
**6690 SUPERIOR AV
 SARASOTA, FL 34231**

Mailing Address
**6690 SUPERIOR AV
 SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0740520

Applied For
 Not Applicable

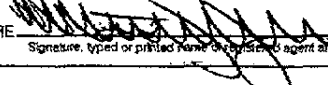
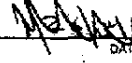
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**JASNICH, MATHEW
 6690 SUPERIOR AV
 SARASOTA, FL 34231**

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  (NOTE: Registered Agent signature required when reinstating)  DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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	P JASNICH, MATHEW 6693 SUPERIOR AVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HART, ROBERT J 3505 KINGSTON BLVD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/03/04-80026-004 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:  (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/25/04 (941) 927-3388
 Date Daytime Phone #