

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036356

Entity Name: FIFTY CENT, INC.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

5665 SHORE BLVD S.
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5665 SHORE BLVD S.
GULFPORT, FL 33707

New Mailing Address:

5308 CENTRAL AVE
ST PETERSBURG, FL 33707

FEI Number: 02-0686932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAJEK & HAJEK, CPA
5308 CENTRAL AVENUE
ST. PETERSBURG, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLINE, LEE
Address: 5324 72ND LANE
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: KLINE, NANCY
Address: 5665 SHORE BLVD S.
City-St-Zip: GULFPORT, FL 33707

Title: TREA () Delete
Name: KLINE, LEE
Address: 5324 72ND LANE
City-St-Zip: ST. PETERSBURG, FL 33709

Title: SEC () Delete
Name: KLINE, NANCY
Address: 5665 SHORE BLVD S.
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE KLINE

PRES

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date