

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90135 016 \*\*\*158.75

**DOCUMENT # P07000025589**

1. Entity Name  
51/FIFTY PRODUCTIONS, INC.



Principal Place of Business  
324 ALEATHA DRIVE  
DAYTONA BEACH, FL 32114

Mailing Address  
324 ALEATHA DRIVE  
DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #  
856 MASON AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1361 Beacon Drive  
Suite, Apt. #, etc.



02152008 Chg-P CR2E034 (12/06)

City & State  
Daytona Beach, FL  
Zip 32117 Country US

City & State  
Holly Hill, FL 32117  
Zip 32117 Country US

4. FEI Number  
20 8701891  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SESSION, JOHNNY V  
724 ORANGE AVE  
DAYTONA BEACH, FL 32114

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 Rashad Perry  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME PERRY, SHAWN  
STREET ADDRESS 324 ALEATHA DRIVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D ☐ Delete  
NAME HARDEN, APRIL  
STREET ADDRESS 1361 BEACON DRIVE  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rashad Perry Rashad Shawn Perry 4/22/08 386 453-0201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #