2006 FOR PROFIT_CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # P97000080394** 1. Entity Name FIDELITY HOME SERVICES INC. Principal Place of Business Mailing Address 5714 -4TH AVE N. SAINT PETERSBURG FL 33710 5714 -4TH AVE N. SAINT PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3491694 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEMELKA, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5714 4TH AVE N SAINT PETERSBURG FL 33710 City Zip Code FL 1. 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 accerthe obligations of registered agent. SIGNATURE Signature hyped or grinted name of registered agent and him if applicable tNOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TETLE מו Oefete TITLE ☐ Change Action ZEMELKA, GEORGE NAME NAME STREET ADDRESS 5714 -4TH AVE N. STREET ADDRESS U00000491857 CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP 04/13/06-80040-007 150,00 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete REL Change Adam' NAME NAME STREET ADDRESS STRUET AGURESS CITY-ST-ZIP CITY-ST-ZW TITLE ☐ Delete TITLE ☐ Chance □ 845% MAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIPLE ☐ Change ☐ Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change □ Atm NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 of fustee 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.

Teorge Zemelka

FILED

727-424-578¢