

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 207516

1. Entity Name
FLORIDA FIDELITY CORPORATION



Principal Place of Business
**C/O JAMES M WALLACE
P O BOX 1889, 420 12TH ST. W.
BRADENTON, FL 34206-1889 US**

Mailing Address
**C/O JAMES M WALLACE
P O BOX 1889, 420 12TH ST. W.
BRADENTON, FL 34206-1889 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0992515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, JAMES M
420 OLD MAIN ST.
BRADENTON, FL 34205**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	WALLACE, D.H.
STREET ADDRESS	420 OLD MAIN ST.
CITY - ST - ZIP	BRADENTON, FL 00000,
TITLE	VD
NAME	CALANDRA, GAIL M
STREET ADDRESS	420 OLD MAIN ST.
CITY - ST - ZIP	BRADENTON, FL 00000,
TITLE	PD
NAME	WALLACE, JAMES M
STREET ADDRESS	420 OLD MAIN ST.
CITY - ST - ZIP	BRADENTON, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000003594
01/13/04-80063-013 150.00

**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)(i), 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:

James M. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04

Date

941-786-7157

Daytime Phone #