


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 012 ***150.00

| | | | | | |
|--|---|---------------------|---|---|--|
| DOCUMENT # K49104 1. Entity Name FIDELITY INSURANCE AGENCY, INC. | | | |  | |
| Principal Place of Business 500 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | | Mailing Address 111 JIM MORAN BLVD LEGAL DEPT MAILDROP JMDF018 DEERFIELD BEACH, FL 33442 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0087356 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORAN, PATRICIA G <input checked="" type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, COLIN W <input type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FEAGLES, LOUIS R <input type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SREENAN, PATRICK <input type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COOD CURRAN, WILLIAM <input type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV/COO/D CURRAN, WILLIAM F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPGC GUTTUSO, MARIA K <input type="checkbox"/> Delete 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/GC/S GUTTUSO, MARIA K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 JIM MORAN BLVD DEERFIELD BEACH FL 33442 | |
| 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: <u>MARIA K GUTTUSO</u> 3/21/2007 454-429-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small> | | | | | |

40049089



03132007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

ATTACHMENT

40049089
#K49104

**FIDELITY INSURANCE AGENCY, INC.
OFFICERS AND DIRECTORS**

Federal ID #: 65-0087356

Officers

Louis R. Feagles
William F. Curran
Ronald M. Coombs

Donna C. McWilliams
Maria K Guttuso
Patrick H. Sreenan
Jorge E. Gonzalez
Cheryl Scully
Chris W. Costello

Title

President
Senior Vice President/Chief Operating Officer
Senior Vice President and Chief Financial Officer,
Assistant Treasurer
Vice President and Assistant Treasurer
Vice President, General Counsel & Secretary
Vice President
Vice President, Corporate Taxes
Treasurer
Assistant Secretary

Directors

Colin W. Brown
Louis R. Feagles
William F. Curran
Ronald M. Coombs
Donna C. McWilliams

ADDRESS OF OFFICERS AND DIRECTORS

100 JIM MORAN BLVD.
DEERFIELD BEACH FL 33442