

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90040 037 ***150.00

DOCUMENT # K91529 1. Entity Name FIDELITY EQUIPMENT CORPORATION					
Principal Place of Business 625 GREEN COVE TERR #127 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 625 GREEN COVE TERR #127 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business 530 E. CENTRAL BLVD Suite, Apt. #, etc. # 1601		3. Mailing Address 530 E. CENTRAL BLVD Suite, Apt. #, etc. # 1601			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-2984837	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPUANO, GARY E 625 GREEN COVE TERR #127 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name GARY E. CAPUANO Street Address (P.O. Box Number is Not Acceptable) 530 E. CENTRAL BLVD. #1601 City ORLANDO FL Zip Code 32801	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> GARY E. CAPUANO PRESIDENT </div> <div style="width: 20%; text-align: right;"> 2-4-04 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PD NAME CAPUANO, GARY STREET ADDRESS 233 N ORANGE BLOSSOM TR CITY-ST-ZIP ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE PD NAME GARY E. CAPUANO STREET ADDRESS 530 E. CENTRAL BLVD. #1601 CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			GARY E. CAPUANO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 2-4-04			Daytime Phone # 407 474-8222		