2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K91529

Entity Name

FIDELITY EQUIPMENT CORPORATION



US

Principal Place of Business

530 E CENTRAL BLVD.

#1601

ORLANDO, FL 32801 US

Mailing Address

530 E CENTRAL BLVD.

#1601

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32801

07092007

No Chg-P

CR2E034 (11/05)

FILED

Jul 11, 2007 08:00 AM Secretary of State

4. FEI Number 59-2984837

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPUANO, GARY E 530 E CENTRAL BLVD. #1601

SIGNATURE:

DO NOT WRITE IN THIS SPACE

#1601 ORLANDO, FL 32801			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 whon reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZEP	PD CAPUANO, GARY 530 E CENTRAL BLVD., #1601 ORLANDO, FL 32801				U00000768206 07/11/07-80006-006 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

TED NAME OF SIGNING OFFICER OR DIRECTOR