


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90035 024 \*\*\*158.75

<b>DOCUMENT # P00000057785</b>	
1. Entity Name <b>THE FIDELITY COMPANIES, INC.</b>	

Principal Place of Business <b>2975 BOBCAT VILLAGE CENTER ROAD SUITE 100 NORTH PORT, FL 34288</b>	Mailing Address <b>2975 BOBCAT VILLAGE CENTER ROAD SUITE 100 NORTH PORT, FL 34288</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1016424</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HUNIHAN, DAVID C 2975 BOBCAT VILLAGE CENTRE RD STE 100 NORTH PORT, FL 34288</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUNIHAN, DAVID C 2975 BOBCAT VILLAGE CENTRE RD #100 NORTH PORT, FL 34288</b>
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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-04** **941-429-8400**  
Date Daytime Phone #