

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90421 018 \*\*\*150.00

DOCUMENT # P00000057785

1. Entity Name  
THE FIDELITY COMPANIES, INC.



Principal Place of Business  
2975 BOBCAT VILLAGE CENTER ROAD  
SUITE 100  
NORTH PORT, FL 34288

Mailing Address  
2975 BOBCAT VILLAGE CENTER ROAD  
SUITE 100  
NORTH PORT, FL 34288

14014578



2. Principal Place of Business  
103 Woodlake Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
103 Woodlake Dr.  
Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State  
Venice FL  
Zip 34292 Country Sarasota

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Venice FL  
Zip 34292 Country Sarasota

4. FEI Number  
65-1016424  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HUNIHAN, DAVID C  
2975 BOBCAT VILLAGE CENTRE RD  
STE 100  
NORTH PORT, FL 34288

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNIHAN, DAVID C	
STREET ADDRESS	2975 BOBCAT VILLAGE CENTRE RD #100	
CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunihan, David M.	
STREET ADDRESS	103 Woodlake Dr.	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

David C. Hunihan

Date

Daytime Phone #

941-493-0651