


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90202 050 \*\*\*150.00

<b>DOCUMENT # P00000057785</b> 1. Entity Name <b>THE FIDELITY COMPANIES, INC.</b>					
Principal Place of Business <b>103 WOODLAKE DRIVE VENICE, FL 34292</b>			Mailing Address <b>103 WOODLAKE DRIVE VENICE, FL 34292</b>		
2. Principal Place of Business - No P.O. Box # <b>779 Commerce Dr.</b>		3. Mailing Address <b>779 Commerce Dr.</b>			
Suite, Apt. #, etc. <b>Suite 16</b>		Suite, Apt. #, etc. <b>Suite 16</b>			
City & State <b>VENICE, FL</b>		City & State <b>VENICE FL</b>		4. FEI Number <b>65-1016424</b>	
Zip <b>34292</b>		Country <b>34292</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUNIHAN, DAVID C 103 WOODLAKE DR VENICE, FL 34292</b>				7. Name and Address of New Registered Agent Name <b>HUNIHAN, DAVID C</b> Street Address (P.O. Box Number is Not Acceptable) <del>779 Commerce Dr.</del> <b>779 Commerce Drive, Suite 16</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34292</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HUNIHAN, DAVID C</b> <b>103 WOODLAKE DRIVE</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>779 Commerce Drive, Suite 16</b> <b>VENICE FL 34292</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HUNIHAN, DAVID M.</b> <b>103 WOODLAKE DRIVE</b> <b>VENICE, FL 34292</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>779 Commerce Drive, Suite 16</b> <b>VENICE, FL 34292</b>	
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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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					