


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90003 013 \*\*\*150.00

1. Entity Name <b>P01000048064</b> <b>Fidelity Financial Benefits Group, Inc.</b>		
Principal Place of Business <b>4532 W. Kennedy Blvd #281</b> <b>Tampa, FL 33609</b>	Mailing Address <b>Post Office Box 20082</b> <b>Tampa, FL 33622</b>	

**DO NOT WRITE IN THIS SPACE**

05032008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3717822</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**John A. Seccas, President**  
**4532 W. Kennedy Blvd. #281**  
**Tampa, FL 33609**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>John A. Seccas, President</b>
NAME	
STREET ADDRESS	<b>Post Office Box 20082</b>
CITY-ST-ZIP	<b>Tampa, FL 33622</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: \_\_\_\_\_

**President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-28-8**  
Daytime Phone #