

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90034 045 \*\*\*150.00

**DOCUMENT # P03000069566**

1. Entity Name  
**FIDELITY FINANCIAL BROKERAGE, INC.**



Principal Place of Business  
**1958 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34952**

Mailing Address  
**1958 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34952**

**94021756**



2. Principal Place of Business  
**7630 N Wickham Rd.  
Suite, Apt. #, etc.  
105**

3. Mailing Address  
**7630 N Wickham Rd.  
Suite, Apt. #, etc.  
105**

02192004 Chg-P CR2E034 (10/03)

City & State  
**Melbourne, FL**  
Zip  
**32940** Country  
**USA**

City & State  
**Melbourne, FL**  
Zip  
**32940** Country  
**USA**

4. FEI Number  
**20-0064190** Applied For  
☐ Not Applicable

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

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

**RIZZOLO, JAMES  
1958 SE PT. ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34952**

**7. Name and Address of New Registered Agent**

Name  
**William P. McCloskey**  
Street Address (P.O. Box Number is Not Acceptable)  
**3032 Savannah Way, #104**  
City  
**Melbourne, FL** Zip Code  
**32935**

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 **William P. McCloskey**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-23-04**

DATE

**FILE NOW!!! FEE IS \$150.00 ~  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: **William P. McCloskey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-23-04**  
**321) 255-5595**

Daytime Phone #