

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-09-2004 90047 034 ***150.00

DOCUMENT # P03000075354

1. Entity Name

FIDELITY HOMES REALTY, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01082004

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1177538

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 CENTER ROAD
SUITE 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

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

(NOTE: Registered Agent signature required when re-registering)

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
D
HUNIHAN, DAVID C
2975 BOBCAT VILLAGE CENTER ROAD STE 100
NORTH PORT, FL 34288

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

(Signature and typed or printed name of signing officer or director)

2-6-04

941-429-8400

Date

Daytime Phone #