


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90202 049 ***150.00

DOCUMENT # P03000075354 1. Entity Name FIDELITY HOMES REALTY, INC.					
Principal Place of Business 103 WOODLAKE DR VENICE, FL 34292			Mailing Address 103 WOODLAKE DR SUITE 100 VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box # 779 COMMERCE DR.		3. Mailing Address 779 COMMERCE DR.			
Suite, Apt. #, etc. SUITE 16		Suite, Apt. #, etc. SUITE 16			
City & State VENICE FL		City & State VENICE FL		4. FEI Number 57-1177538	
Zip 34292		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNIHAN, DAVID C 103 WOODLAKE DR VENICE, FL 34292				7. Name and Address of New Registered Agent Name HUNIHAN, DAVID C Street Address (P.O. Box Number is Not Acceptable) 779 COMMERCE DRIVE, SUITE 16 City VENICE FL Zip Code 34292	
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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNIHAN, DAVID C 103 WOODLAKE DR. VENICE, FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUNIHAN, DAVID C. 779 COMMERCE DRIVE, SUITE 16 VENICE, FL 34292 <input checked="" 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	
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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	
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					