

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90021 036 ***150.00

DOCUMENT # P03000129895

1. Entity Name
FIDELITY INSURANCE HOLDINGS, INC.



Principal Place of Business
200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746 US

Mailing Address
200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746 US

3406021~



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-2133839

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENDITTELLI, LOUIS V ESQ.
2 S. BISCAYNE BLVD.
SUITE 1910
MIAMI, FL 33131

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 reinstating)

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 D CH
NAME KING, WILLIS T JR.
STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE D
NAME HUMPHREY, HAROLD M
STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE DCEO
NAME PORTER, LANIER M
STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE D PS
NAME PORTER, LEMAN M
STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE D T
NAME WILLIAMS, DWAYNE R
STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Dwayne R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04
Date

407-444-5224
Daytime Phone #