

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 004 ***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

60028622



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 54-2133839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VENDITTELLI, LOUIS V ESQ.
200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 CH KING, WILLIS T JR. 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUMPHREY, HAROLD M 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO PORTER, LANIER M 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PS PORTER, LEMAN M 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D T WILLIAMS, DWAYNE R 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 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

4/16/06
Date

321-249-8106
Daytime Phone #