



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90030 001 \*\*\*150.00

<b>DOCUMENT # P03000140646</b> 1. Entity Name <b>FIDELITY LENDING GROUP, INC.</b>					
Principal Place of Business <b>3916 COUNTRY VIEW DR SARASOTA, FL 34233</b>				Mailing Address <b>3916 COUNTRY VIEW DR SARASOTA, FL 34233</b>	
2. Principal Place of Business <b>5550 BEE RIDGE RD.</b> Suite, Apt. #, etc. <b>SUITE E-3</b> City & State <b>SARASOTA, FL</b> Zip <b>34233</b>		3. Mailing Address <b>5550 BEE RIDGE RD.</b> Suite, Apt. #, etc. <b>SUITE E-3</b> City & State <b>SARASOTA, FL</b> Zip <b>34233</b>			
4. FEI Number <b>51-0490200</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>WILSON, ROBERT-W</b> <b>3916 COUNTRY VIEW DR</b> <b>SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 D NAME WILSON, ROBERT W STREET ADDRESS 3916 COUNTRY VIEW DR CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE P/T NAME 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"/> Delete		TITLE V/D NAME ROBERT W. WILSON, JR. STREET ADDRESS 5550 BEE RIDGE RD. (STE. E-3) CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/O NAME RICHARD W. WILSON STREET ADDRESS 5550 BEE RIDGE RD. (STE. E-3) CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Change <input checked="" 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	
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	
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 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.					
<b>SIGNATURE: <u>Robert W. Wilson</u> ROBERT W. WILSON</b>					
APRIL 8, 2004		(941) 379-8092			