

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-19-2006 90093 001 \*\*\*150.00

**DOCUMENT # P04000004263**

1. Entity Name  
**FIDELITY INSURANCE MANAGERS, 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**

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0583988**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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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	D CH
NAME	KING, WILLIS T JR.
STREET ADDRESS	200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	HUMPHREY, HAROLD M
STREET ADDRESS	200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DCEO
NAME	PORTER, LANIER M
STREET ADDRESS	200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D PS
NAME	PORTER, LEMAN M
STREET ADDRESS	200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D T
NAME	WILLIAMS, DWAYNE R
STREET ADDRESS	200 COLONIAL CENTER PARKWAY SUITE 100
CITY-ST-ZIP	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**

**4/16/06**

**321-249-8106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #