

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 02, 2008 08:00 AM  
Secretary of State

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000000952483  
06/04/08-80081-011 1650.00

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 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]*

*[Signature]* Dwayne R. Williams

5/30/08  
Dir

321-289-8106