


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90092 007 ***150.00

DOCUMENT # P04000055172	
1. Entity Name FIDELITY PLAZA DEVELOPMENT, INC.	

Principal Place of Business 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409	Mailing Address 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409
--	--

90030000



2. Principal Place of Business 631 US HWY ONE	3. Mailing Address 631 US HWY ONE
--	--------------------------------------

04082005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. SUITE 406	Suite, Apt. #, etc. SUITE 406
----------------------------------	----------------------------------

City & State NORTH PALM BEACH FLORIDA	City & State NORTH PALM BEACH FLORIDA
--	--

4. FEI Number 20-0937368	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 33408	Country USA	Zip 33408	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent
ARMOUR, ALAN III 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name: <u>MACKAY, WALTER J. JR.</u>
Street Address (P.O. Box Number is Not Acceptable): <u>631 US HWY ONE</u>
<u>SUITE 406</u>
City: <u>NORTH PALM BEACH</u> FL Zip Code: <u>33408</u>

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] WALTER J. MACKAY, JR. PRES., 4/05/05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKAY, WALTER J. JR. <input type="checkbox"/> Delete 631 US HWY ONE, SUITE 406 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EDWARD S. WILLIAMS <input type="checkbox"/> Delete 631 US HWY ONE, SUITE 406 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: [Signature] WALTER J. MACKAY, JR., PRESIDENT 4/05/05 (561)848-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #