

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000091589

1. Entity Name
FIDELITY TITLE COMPANY



Principal Place of Business
**4134 CENTRAL AVE
ST PETERSBURG, FL 33711**

Mailing Address
**4134 CENTRAL AVE
ST PETERSBURG, FL 33711**



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3414618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
STEWART TITLE GUARANTY COMPANY
3401 W CYPRESS ST, SUITE 202
TAMPA, FL 33607**

**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, 2005 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
**CP
HUSSEY, KEVIN M
310 A PINELLAS BAYWAY
TIERRA VERDE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
O'CONNELL, PHILIP J
521 HAVEN PT ROAD
TREASURE ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MC ALDUFF, WILLIAM R
440 SANDY COOK ROAD
TREASURE ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

110000338390
04/28/05-80073-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin M. Hussey 4-27-05 727-895-3664

Date

Daytime Phone #