

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90204 016 \*\*\*150.00

**DOCUMENT # P98000018657**

1. Entity Name  
FIDELITY FINANCE, INC.



Principal Place of Business  
2200 CORPORATE BLVD., N.W., STE. 401  
BOCA RATON, FL 33431

Mailing Address  
2200 CORPORATE BLVD., N.W., STE. 401  
BOCA RATON, FL 33431



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0820722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HCRM CORP.  
2200 CORPORATE BLVD., N.W., STE. 401  
BOCA RATON, FL 33431

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CHTD
NAME	DUPREY, LAWRENCE A
STREET ADDRESS	2200 CORPORATE BLVD., N.W., STE. 401
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CEO
NAME	DUPREY, LAWRENCE A
STREET ADDRESS	2200 CORPORATE BLVD. N.W. SUITE 401
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PSD
NAME	COOK, JOSEPH R
STREET ADDRESS	C/O 2200 CORPORATE BLVD., NW. #401
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Joseph R. Cook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.04  
Date

561.997.9223  
Daytime Phone #