


**2005 FIDELITY CORPORATION
ANNUAL REPORT**

**Feb
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DOCUMENT # P98000081932
 1. Entity Name
DPRE CORPORATION



Principal Place of Business 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950	Mailing Address 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

U00000214802
 02/04/05-80027-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, PAULA A 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, EMILY H 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DAWN L 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RUSSELL K 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RACHAEL R 3866 SAN LORENZO DRIVE PUNTA GORDA, FL 33950
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: Emily Miller EMILY MILLER TRES. 941-639-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #