

1.) CORPORATION NAME:

FCCI Services, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **F1737917**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES ROBERTS
1001 HAXALL POINT
PO BOX 1122**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 UNIVERSITY PARKWAY

CITY/ST/ZIP: SARASOTA, FL 34240-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY CLARKE	
TITLE:	D	
ADDRESS:	6300 UNIVERSITY PARKWAY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT FLANDERS	
TITLE:	D	
ADDRESS:	6300 UNIVERSITY PARKWAY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN STAFFORD	
TITLE:	CHAIRMAN	
ADDRESS:	6300 UNIVERSITY PARKWAY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GORDON W. JACOBS	
TITLE:	DIR/PRES&CEO	
ADDRESS:	6300 UNIVERSITY PARKWAY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEBRA DOUGLAS	
TITLE:	SECRETARY	
ADDRESS:	6300 UNIVERSITY PARKWAY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240-	

NAME: CRAIG JOHNSON TITLE: TREASURER ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT BENJAMIN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROY YAHRAUS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES BAUMANN TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARVIN HARBER TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DEBRA DOUGLAS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA DOUGLAS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	1/28/2011 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		