

1.) CORPORATION NAME:

FCCI Services, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1737917**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

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.

NAME: CRAIG JOHNSON TITLE: DIR/PRES&CEO ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS KOVAL TITLE: SECRETARY ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER SHOUCAIR TITLE: TREASURER ADDRESS: 6300 UNIVERSITY CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN STAFFORD TITLE: CHAIRMAN 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: 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: ROBERT FLANDERS TITLE: DIRECTOR ADDRESS: 6300 UNIVERSITY PARKWAY CITY/ST/ZIP/CO: SARASOTA, FL 34240	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GORDON W. JACOBS 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: JOHN COX 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/ THOMAS KOVAL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS KOVAL, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/15/2013 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.		