

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

FCCI Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1737917**

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CRAIG JOHNSON	
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:	CHRISTOPHER SHOUCAIR	
TITLE:	TREASURER	
ADDRESS:	6300 UNIVERSITY	
CITY/ST/ZIP/CO:	SARASOTA, FL 34240	

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

	<input 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 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	

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
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
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/ CRAIG JOHNSON	CRAIG JOHNSON, DIR/PRES&CEO	1/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		