2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90136 047 ***150.00

DOCUMENT # 284226

1. Entity Name
FCUL SERVICE GROUP, INC.

Principal Place of Business	Mailing Address
3773 COMMONWEALTH BLVD. P O BOX 3108 TALLAHASSEE, FL 32315-0108	3773 COMMONWEALTH BLVD. P O BOX 3108 TALLAHASSEE, FL 32315-0108

DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1086132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOOD, GUY M.
3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32303

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	~~BRADDOCK, BILL~~ John DAVIS
STREET ADDRESS	~~9700 TOUCHTON RD~~ 1495 E. Nine mile Rd
CITY-ST-ZIP	~~JACKSONVILLE, FL 32246~~ Pensacola, FL 32514
TITLE	P
NAME	HOOD, GUY M.
STREET ADDRESS	3773 COMMONWEALTH BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL 00000,
TITLE	CO
NAME	HIRABAYASHI, JOHN
STREET ADDRESS	637 N LEE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	SD
NAME	~~PRIOR, HENRY~~ Bob Beskovoyne
STREET ADDRESS	~~2020 NW 150TH AVE~~ 1727 orlando Central Pkwy
CITY-ST-ZIP	~~HOLLYWOOD, FL 33028~~ Orlando, FL 32809
TITLE	VC
NAME	OWEN, LYNN III
STREET ADDRESS	480 S KELLER RD.
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GM Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #