2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 284226

Entity Name: FCUL SERVICE GROUP, INC.

Current Principal Place of Business:

3773 COMMONWEALTH BLVD.
P O BOX 3108
TALLAHASSEE, FL 323150108

New Principal Place of Business:

3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 323150108

Current Mailing Address:

3773 COMMONWEALTH BLVD.
P O BOX 3108
TALLAHASSEE, FL 323150108

New Mailing Address:

FEI Number: 59-1086132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: DAVIS, JOHN
Address: 1495 E NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: P ( ) Delete
Name: HOOD, GUY M.
Address: 3773 COMMONWEALTH BLVD.
City-St-Zip: TALLAHASSEE, FL 00000,

Title: CO ( ) Delete
Name: HIRABAYASHI, JOHN
Address: 637 N LEE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD (X) Delete
Name: BESKOVOYNE, BOB
Address: 1727 ORLANDO CENTRAL PKWY
City-St-Zip: ORLANDO, FL 32809

Title: VC (X) Delete
Name: OWEN, LYNN III
Address: 480 S KELLER RD.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: HELBER, RICHARD
Address: 711 E HENDERSON AVE
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change ( ) Addition
Name: SCOTT, LARRY
Address: 2511 NW 41ST ST
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Change ( ) Addition
Name: BESKOVOYNE, BOB
Address: 1727 ORLANDO CENTRAL PKWY
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY HOOD P 04/16/2009

Electronic Signature of Signing Officer or Director — Date