


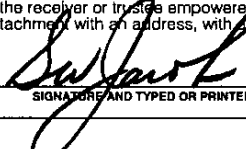
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90260 044 ***150.00

20045807



DOCUMENT # 625617					
1. Entity Name FCCI SERVICES, INC.					
Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240			Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1968027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOVAL, THOMAS A 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAUMAN, CHARLES	NAME	See Attached Schedule		
STREET ADDRESS	6300 UNIVERSITY PKWY	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOBS, G.W.	NAME	For Changes & Additions		
STREET ADDRESS	6300 UNIVERSITY PKWY	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, CRAIG	NAME			
STREET ADDRESS	6300 UNIVERSITY PKWY	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMANUS, ROBERT	NAME			
STREET ADDRESS	6300 UNIVERSITY PKWY	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBBER, DAVID	NAME			
STREET ADDRESS	6300 UNIVERSITY PKWY	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or without other like empowered.					
SIGNATURE: 		G.W. Jacobs		4-13-05 941-907-7605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

20045807

FCCI SERVICES, INC.
FEIN: 59-1968027
FLORIDA 2005 UNIFORM BUSINESS REPORT
DOCUMENT # 625617

#11. ADDITIONAL OFFICERS & DIRECTORS:

TITLE: D
NAME: WILLIAM GETZEN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: THOMAS KOVAL
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: ALBERT CONYERS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: RUPERT WILLIS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: ROBERT FLANDERS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JOSEPH GERACIE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: H. RONALD FOXWORTHY
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: EARL PRICE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: CHARLES STOTTLEMYER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: RICHARD RUEGER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: MARVIN HABER
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JIM VENZA
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JOHN BARTONE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: KEVIN SWAN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/S
NAME: DEBRA DOUGLAS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T
NAME: CHARLES BACHAND
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: JOSEPH KEENE
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: ELIZABETH DINNIN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

#11. CHANGES TO OFFICERS & DIRECTORS:

TITLE: C/D
NAME: JOHN STAFFORD
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D
NAME: CHARLES BAUMANN
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V
NAME: SALLY HARRIS
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240