2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06844

Entity Name: FCCI STAFFING SOLUTIONS, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
6300 UNIVERSITY PARKWAY SARASOTA, FL 34240					
Current Mailing Address:			New Mailing Address:		
6300 UNIVERSITY PARKWAY SARASOTA, FL 34240					
FEI Number: 5	59-2413933	FEI Number Applied For () FEI Number	mber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KOVAL, THOMAS A 6300 UNIVERSITY PKWY SARASOTA, FL 34240 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
Title: Name: Address: City-St-Zip:	DCEO () D JACOBS, G.W. 6300 UNIVERSIT SARASOTA, FL 3		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () D YAHRAUS, ROY 6300 UNIVERSIT SARASOTA, FL		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () D HABER, MARVIN 6300 UNIVERSIT' SARASOTA, FL 3	YPKWY	Title: Name: Address: City-St-Zip:	DOUGLAS, [RSITY PKWY
Title: Name: Address: City-St-Zip:	D () D BAUMANN, CHAR 6300 UNIVERSIT' SARASOTA, FL 3	RLES Y PKWY	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	C () C STAFFORD, JOH 6300 UNIVERSIT' SARASOTA, FL 3	Y PKWY	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	D () C FLANDERS, ROB 6300 UNIVERSIT SARASOTA, FL 3	Y PKWY	Title: Name: Address: City-St-Zip:	JOHNSON, C	RSITY PKWY

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: DEBRA H. DOUGLAS SEC 03/25/2009

406844 3-25-09 11/~-PAGE 3/26/2009 10:42:48 AM FCCI Ins. Group 副 Chairman Director Director, President & CEO Director, President & CEO & Treasurer Executive V.P. & Secretary Executive V.P. & Secretary Director Director Director Executive V.P. & Crited Regional Officer + Executive V.P. & Crited Regional Officer FCCI Staffing Solutions, Inc. Document #108844 Florida 2009 Annual Report FEIN: 59-2413933 John Stafford Robert Benjamin Name Roy Yahraus Robert Flanders Marvin Haber Charles Baumann Tim Clarke Debra Douglas Joseph Keene Gordon W. Jacobs Craig Johnson Purport Man -Address

Address

Add