

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90259 041 ***150.00

20045760



04122005 Chg-P CR2E034 (10/03)

DOCUMENT # J26737 1. Entity Name FCCI AGENCY, 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			
Zip	Country	Zip	Country		
4. FEI Number 59-2721241			Applied For <input type="checkbox"/> Not Applicable		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	VS MCMANUS, ROBERT 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See Attached Schedule	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, G.W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition For Changes & Additions	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAUMANN, CHARLES 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBBER, DAVID 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, CONYERS L. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, MARVIN S. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		G.W. Jacobs		4-13-05 941-907-7605 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

ATTACHMENT

20045760

FCCI AGENCY, INC.

FEIN: 59-2721241

FLORIDA 2005 UNIFORM BUSINESS REPORT
DOCUMENT # J26737

#11. ADDITIONAL OFFICERS & DIRECTORS:

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

TITLE: D
NAME: WILLIAM GETZEN
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/S
NAME: DEBRA DOUGLAS
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/T
NAME: CHARLES BACHAND
STREET ADDRESS: 6300 UNIVERSITY PARKWAY
CITY-ST-ZIP: SARASOTA, FL 34240

#11. CHANGES TO OFFICERS & DIRECTORS:

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