


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90072 005 \*\*\*150.00

<b>DOCUMENT # J26737</b>		
1. Entity Name FCCI AGENCY, INC.		

Principal Place of Business 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	Mailing Address 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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900000



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2721241	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KOVAL, THOMAS A 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STAFFORD, JOHN 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 checked="" 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

SEE ATTACHED SHEET

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: G.W. Jacobs 4/13/06 (941) 907-7605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40052472  
#J26737

FCCI AGENCY, INC.  
FEIN: 59-2721241  
FLORIDA 2006 UNIFORM BUSINESS REPORT  
DOCUMENT # J26737

## #11. ADDITIONAL OFFICERS & DIRECTORS:

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: 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:

### ADD:

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

### DELETE:

TITLE: D  
NAME: CHARLES STOTTLEMYER  
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