

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90041 029 ***150.00

DOCUMENT # H28192

1. Entity Name
PCC/LBS, INC.



Principal Place of Business
474 TELOGIA CREEK RD
COUNTY RD. 65-D
QUINCY, FL 32351 US

Mailing Address
474 TELOGIA CREEK RD
QUINCY, FL 32351-8701 US

600008622



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2459183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POUCHER, LYNNE L.
474 TELOGIA CREEK RD
QUINCY, FL 32351-8701

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT POUCHER, LYNNE L. 1720 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POUCHER, LYNNE L. 1720 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POUCHER, CHARLES A. 1720 TELOGIA CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POUCHER, AMBER L 1720 TELOGIA CREEK RD QUINCY, FL 323518705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

Lynne L. Poucher Lynne L. Poucher

Date

Daytime Phone #

1/1/05 850 442 6434