

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H28192

Entity Name: PCC/LBS, INC.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

474 TELOGIA CREEK RD  
QUINCY, FL 323518701 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX D  
GREENSBORO, FL 323300803 US

**New Mailing Address:**

FEI Number: 59-2459183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POUCHER, LYNNE L.  
474 TELOGIA CREEK RD  
QUINCY, FL 323518701 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: POUCHER, LYNNE L  
Address: 474 TELOGIA CREEK RD  
City-St-Zip: QUINCY, FL 323518701

Title: VP  
Name: POUCHER, CHARLES A  
Address: 474 TELOGIA CREEK RD  
City-St-Zip: QUINCY, FL 323518701

Title: RS  
Name: RABON, AMBER L  
Address: 1720 TELOGIA CREEK RD  
City-St-Zip: QUINCY, FL 323518705

I hereby 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 all other like empowered.

SIGNATURE: LYNNE L. POUCHER

P

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date