

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005595

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: LMC IMPRESSIONS, INC.

**Current Principal Place of Business:**

5236 HIGHWAY 273  
CAMPBELLTON, FL 32426

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 26  
CAMPBELLTON, FL 32426

**New Mailing Address:**

FEI Number: 30-0691841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARK, LILLIE M  
3203 HIGHWAY 2  
CAMPBELLTON, FL 32426 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: S  
Name: HARDIN, DORIS M  
Address: 2924 GREEN ST APT B  
City-St-Zip: MARIANNA, FL 32446

Title: ED  
Name: CLARK, LILLIE  
Address: 3203 HIGHWAY 2  
City-St-Zip: CAMPBELLTON, FL 32426

Title: D  
Name: CLARK, WILLIE  
Address: 3203 HIGHWAY 2  
City-St-Zip: CAMPBELLTON, FL 32426

Title: P  
Name: RUSS, JAMES  
Address: 3324 ST. PHILLIPS ROAD  
City-St-Zip: CAMPBELLTON, FL 32426

Title: VP  
Name: RUSS, PHILLIP  
Address: 4603 HUNTERS RIDGE COURT  
City-St-Zip: LA PLATA, MD 20646

Title: T  
Name: BARNES, LARHONDA  
Address: 4974 HARTSFIELD ROAD  
City-St-Zip: MARIANNA, FL 32446

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DORIS M. HARDIN

S

03/26/2012

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

\_\_\_\_\_  
Date