

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000063607

1. Entity Name  
PCC PRINT SHOP, INC.



Principal Place of Business  
250 BRENT LANE  
PENSACOLA, FL 32503

Mailing Address  
BOX 19100  
PENSACOLA, FL 32523-9100 US



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3391231

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HORTON, ARLIN R DR  
250 BRENT LANE  
PENSACOLA, FL 32503

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HORTON, ARLIN R DR  
STREET ADDRESS 250 BRENT LANE  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D  
NAME HORTON, REBEKAH MRS  
STREET ADDRESS 250 BRENT LANE  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D  
NAME CHAPPELL, ROBERT  
STREET ADDRESS 219 ST CEDD  
CITY-ST-ZIP PENSACOLA, FL

TITLE D  
NAME CHACE, ALLEN  
STREET ADDRESS 10007 HUNTSMAN PATH  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000559022  
05/17/06-80120-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlin Horton

4/27/2006

(950)478-8480

Date

Daytime Phone #