
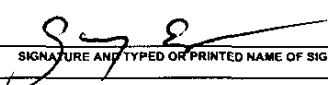


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 007 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3391231	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HORTON, ARLIN R DR 250 BRENT LANE PENSACOLA, FL 32503				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, ARLIN R DR		NAME		
STREET ADDRESS	250 BRENT LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORTON, REBEKAH MRS		NAME		
STREET ADDRESS	250 BRENT LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPELL, ROBERT		NAME	CHAPPELL, ROBERT	
STREET ADDRESS	219 ST CEDD		STREET ADDRESS	204 ROYAL LN	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHACE, ALLEN		NAME		
STREET ADDRESS	10007 HUNTSMAN PATH		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CRAWFORD, WILLIAM	
STREET ADDRESS			STREET ADDRESS	6067 ST ALBAN	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Gary East		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/4/2008 Daytime Phone #: (850)478-8480		