2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P96000063607

Entity Name: PCC PRINT SHOP, INC.

Current Principal Place of Business:

250 BRENT LANE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

BOX 19100
PENSACOLA, FL 325239100 US

New Mailing Address:

FEI Number: 59-3391231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HORTON, ARLIN R DR
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: HORTON, REBEKAH MRS
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: CHAPPELL, ROBERT
Address: 204 ROYAL LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete
Name: CHACE, ALLEN
Address: 10007 HUNTSMAN PATH
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Delete
Name: CRAWFORD, WILLIAM
Address: 6067 ST ALBAN
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CRAWFORD, WILLIAM
Address: 6067 ST ALBAN
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLIN R HORTON D 04/06/2009

Electronic Signature of Signing Officer or Director — Date