

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00768705
Filing Number: 2112213990497
Filing Date/Time: 12/21/2021 01:09 PM
Effective Date/Time: 12/21/2021 01:09 PM



1. CORPORATION NAME:
LYNCHBURG CAMERA SHOP, INCORPORATED

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
WILLIAM W. PUCKETT
1009 MAIN ST.
LYNCHBURG, VA 24505-0000

SCC ID NO.: 0076870-5

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 20,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
680-LYNCHBURG CITY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 1009 MAIN ST CITY/ST/ZIP LYNCHBURG, VA 24504-0000 | ADDRESS: 113 Boonsboro Dr. CITY/ST/ZIP Lynchburg, VA 24503-2101 |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: GREGORY N PUCKETT TITLE: Vice President ADDRESS: 34788 MORGAN TRAIL CITY/ST/ZIP: Elizabeth, CO 80107- | OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Gregory N. Puckett TITLE: Vice President ADDRESS: 1839 Coffeytown Rd. CITY/ST/ZIP: Vesuvius, VA 24483 |

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

William W. Puckett, Pres.
PRINTED NAME AND CORPORATE TITLE

Dec. 13, 2021
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
LYNCHBURG CAMERA SHOP, INCORPORATED

DUE DATE: **012/31/21**
SCC ID NO.: **0076870-5**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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| <p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
| <p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: WILLIAM W PUCKETT TITLE: P/S/T ADDRESS: 113 BOONSBORO DRIVE CITY/ST/ZIP: LYNCHBURG, VA 24503-0000</p> | <p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |
| <p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> |
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