

**2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00768705  
Filing Number: 191226000000  
Filing Date/Time: 12/26/2019 04:12 PM  
Effective Date/Time: 12/26/2019 04:12 PM



1. CORPORATION NAME: LYNCHBURG CAMERA SHOP, INCORPORATED DUE DATE: 12/31/19
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: 0076870-5  
WILLIAM W. PUCKETT  
1009 MAIN ST.  
LYNCHBURG, VA 24505
5. TOTAL NUMBER OF AUTHORIZED SHARES: 20,000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
210-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 checked="" 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	ADDRESS:
CITY/ST/ZIP LYNCHBURG, VA 24504	CITY/ST/ZIP

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 checked="" type="checkbox"/> Information is correct <input 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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: WILLIAM W PUCKETT	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 113 BOONSBORO DRIVE	ADDRESS:
CITY/ST/ZIP: LYNCHBURG, VA 24503	CITY/ST/ZIP:

0014672



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

William W. Puckett      WILLIAM W. PUCKETT, P/S/T      12/5/19  
SIGNATURE OF DIRECTOR/OFFICER      PRINTED NAME AND CORPORATE TITLE      DATE  
LISTED IN THIS REPORT

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.

2019 ANNUAL REPORT CONTINUED

Commonwealth of Virginia  
 State Corporation Commission  
 Office of the Clerk  
 Entity ID: 00768705  
 Filing Number: 191226000000  
 Filing Date/Time: 12/26/2019 04:12 PM  
 Effective Date/Time: 12/26/2019 04:12 PM

CORPORATION NAME:  
 LYNCHBURG CAMERA SHOP, INCORPORATED

DUE DATE: 12/24/19  
 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.

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input checked="" type="checkbox"/> Information is incorrect   <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DONALD P OGLE                  TITLE: VICE PRESIDENT                  ADDRESS: 309 JANE RANDOLPH ST                  CITY/ST/ZIP: FOREST, VA 24551</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Gregory N Puckett                  TITLE: Vice President                  ADDRESS: 34788 Morgan Trail                  CITY/ST/ZIP: Elizabeth, CO 80107</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>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>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>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>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>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>

0014672

