

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00768705  
Filing Number: 2012292725968  
Filing Date/Time: 12/29/2020 08:13 AM  
Effective Date/Time: 12/29/2020 08:13 AM



1. CORPORATION NAME:  
LYNCHBURG CAMERA SHOP, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
WILLIAM W. PUCKETT  
1009 MAIN ST.  
LYNCHBURG, VA 24505-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
680-LYNCHBURG CITY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: **12/31/20**

SCC ID NO.: **0076870-5**

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 20,000

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       CITY/ST/ZIP LYNCHBURG, VA 24504-0000	ADDRESS:       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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: GREGORY N PUCKETT TITLE: Vice President ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

William W. Puckett  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

WILLIAM W. PUCKETT, PRES.    12/23/20  
PRINTED NAME AND CORPORATE TITLE    SEC, TREAS. 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.

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## 2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
LYNCHBURG CAMERA SHOP, INCORPORATED

DUE DATE: **12/31/20**  
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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input 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>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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
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