

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214553137

1.) CORPORATION NAME:

**GLORIA R., INC.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN M. SHACKELFORD  
P.O. BOX 239  
HAYES, VA**

SCC ID NO: **00948851**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**GLOUCESTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P. O. BOX 239

CITY/ST/ZIP: HAYES, VA 23072-0239

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LUCILLE S ROWE		
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 239		
CITY/ST/ZIP/CO:	SHARKEFORD HAYES, VA 23072		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN M SHACKELFORD		
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 813		
CITY/ST/ZIP/CO:	HAYES, VA 23072		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J.M SHACKELFORD		
TITLE:	SEC/TRES		
ADDRESS:	PO BOX 813		
CITY/ST/ZIP/CO:	HAYES, VA 23072		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LUCILLE S ROWE	LUCILLE S ROWE, PRESIDENT	12/16/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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