

1.) CORPORATION NAME:

INGLESIDE PLANTATION, INCORPORATED

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARL FLETCHER FLEMER III
5870 LEEDSTOWN RD
OAK GROVE, VA 22443**

SCC ID NO: **01079292**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	4,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WESTMORELAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5870 LEEDSTOWN RD

CITY/ST/ZIP: OAK GROVE, VA 22443

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.

NAME:	CARL F FLEMER III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	5870 LEEDSTOWN RD		
CITY/ST/ZIP/CO:	OAK GROVE, VA 22443		
NAME:	CARL F FLEMER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5870 LEEDSTWON RD		
CITY/ST/ZIP/CO:	OAK GROVE, VA 22443		
NAME:	Sara F SIMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4100 LIME KILN LANE		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		
NAME:	Christopher R Flemer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5546 Leedstown Rd		
CITY/ST/ZIP/CO:	Oak Grove, VA 22443		
NAME:	Sherri Flemer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10441 Kings Grant Dr		
CITY/ST/ZIP/CO:	Henrico, VA 23233		
NAME:	Jordan Flemer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6401 Leedstown Rd		
CITY/ST/ZIP/CO:	Oak Grove, VA 22443		

NAME: Doug Flemer TITLE: DIRECTOR ADDRESS: 6401 Leedstown Rd CITY/ST/ZIP/CO: Oak Grove, VA 22443	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Shirley H Flemer TITLE: DIRECTOR ADDRESS: 5546 Leedstown Rd CITY/ST/ZIP/CO: Oak Grove, VA 22443	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kennedy Simpson TITLE: DIRECTOR ADDRESS: 4100 Lime Kiln Lane CITY/ST/ZIP/CO: Louisville, KY 40222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ CARL F FLEMER III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARL F FLEMER III, VP PRINTED NAME AND CORPORATE TITLE	5/14/2012 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.		