

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212526958

1.) CORPORATION NAME:

**ALTA MONS, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENNINGS T BIRD  
305 FIRST ST SW STE 729  
ROANOKE, VA 24011**

SCC ID NO: **01543149**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2842 CROCKETT SPRINGS RD

CITY/ST/ZIP: SHAWSVILLE, VA 24162

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:	JAMES E PEARMAN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6927 CAMPBELL DR		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	BRENDA BROOKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4616 PHYLLIS ROAD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		
NAME:	WARNER BONDERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 MEADOWVIEW DRIVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	WILEY JACKSON BURROWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2217 CRYSTAL SPRINGS AVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	JON C CAWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	211 RICHFIELD AVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	JAMES D COLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 5		
CITY/ST/ZIP/CO:	SHAWSVILLE, VA 24162		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY C DICKISON DIRECTOR 90 TINKER MOUNTAIN DR DALEVILLE, VA 24083	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HUGHES DIRECTOR 2506 SHARMAR RD ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM LOGAN DIRECTOR 5108 CANTER DR ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIN MUCHA DIRECTOR 1335 WOODBINE DR SE ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN SNAPP DIRECTOR 2708 MOUNT PLEASANT RD SHAWSVILLE, VA 24162	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY MILBERGER DIRECTOR 1025 Electric Road Salem, VA 24153	<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/ JAMES E PEARMAN JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E PEARMAN JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/19/2012 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.			