

1.) CORPORATION NAME: WEATHERFORD ROOFING CO., INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: L. ASHLEY BROOKS 524 JOHNSTOWN ROAD CHESAPEAKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 1/31/2014 SCC ID NO: 01920792 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2700 FLORIDA AVE

CITY/ST/ZIP: NORFOLK, VA 23513

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: VAN T WEATHERFORD TITLE: PRESIDENT ADDRESS: 2700 FLORIDA AVE CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DENISE M. WEATHERFORD TITLE: VICE PRESIDENT ADDRESS: 2700 FLORIDA AVE. CITY/ST/ZIP/CO: NORFOLK, VA 23513	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: VAN T WEATHERFORD TITLE: SECRETARY ADDRESS: 2700 FLORIDA AVE CITY/ST/ZIP/CO: NORFOLK, VA	<input checked="" type="checkbox"/>	OFFICER	<input 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/ VAN T WEATHERFORD	VAN T WEATHERFORD,	1/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.