

1.) CORPORATION NAME:

SIGNS OF THE TIMES, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TONY R HORTON
1429 HOWLETT ST
HILLSVILLE, VA**

SCC ID NO: **02005536**

5.) STOCK INFORMATION

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

CARROLL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1429 HOWLETT ST

CITY/ST/ZIP: HILLSVILLE, VA 24343

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: CLEO ROBERTSON TITLE: PRESIDENT ADDRESS: 111 LIVINGSTONE DRIVE CITY/ST/ZIP/CO: CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BANKS CONNER TITLE: VICE PRESIDENT ADDRESS: 3024 WOOD BRUSH DR CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TONY R HORTON TITLE: SECRETARY ADDRESS: 1429 HOWLETT ST CITY/ST/ZIP/CO: HILLSVILLE, VA 24343	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUNIOR CONNER TITLE: DIRECTOR ADDRESS: 524 DOYLE STREET CITY/ST/ZIP/CO: SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH WAYNE EDWARDS TITLE: DIRECTOR ADDRESS: 3012 SHAMROCK DRIVE CITY/ST/ZIP/CO: GREENSBORO, NC 27408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND GOAD TITLE: DIRECTOR ADDRESS: 6521 MUSIC ST CITY/ST/ZIP/CO: GRETNA, VA 24557	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RANDOLPH WELLS TITLE: DIRECTOR ADDRESS: 1135 FRANKLIN TPKE CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BURNELL B WILLIAMS TITLE: DIRECTOR ADDRESS: 8256 OLD RICHMOND ROAD CITY/ST/ZIP/CO: BLAIRS, VA 24527	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIMMY GRAY TITLE: DIRECTOR ADDRESS: 2395 HELENA MORIAH ROAD CITY/ST/ZIP/CO: TIMBERLAKE, NC 27583	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY BYRD TITLE: DIRECTOR ADDRESS: 715 N. 9TH STREET CITY/ST/ZIP/CO: MEBANE, NC 27302	<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/ TONY R HORTON	TONY R HORTON, SECRETARY	9/7/2013
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.		