

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214504705				
1.) CORPORATION NAME: THE FANTASY FACTORY, LTD.		DUE DATE: 2/28/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LEON A MCBRYDE PO BOX 12 BUCHANAN, VA		SCC ID NO: 02144491				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BOTETOURT COUNTY		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					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P O BOX 12 CITY/ST/ZIP: BUCHANAN, VA 24066						
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: LEON A MCBRYDE TITLE: PRESIDENT ADDRESS: PO BOX 12 CITY/ST/ZIP/CO: BUCHANAN, VA 24066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: LINDA MCBRYDE TITLE: S/T ADDRESS: PO BOX 12 CITY/ST/ZIP/CO: BUCHANAN, VA 24066	<input checked="" 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/ LEON A MCBRYDE	LEON A MCBRYDE, PRESIDENT	1/21/2014				
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.						