

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215513059

1.) CORPORATION NAME:

**CALABASH CORPORATION**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS WILLIAM SMITH  
7514 LEE DAVIS ROAD  
MECHANICSVILLE, VA**

SCC ID NO: **02161784**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,500      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7514 LEE DAVIS ROAD

CITY/ST/ZIP: MECHANICSVILLE, VA 23111

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.

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
|                 |                            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | DENNIS W SMITH             |   |  |
| TITLE:          | PRESIDENT                  |   |  |
| ADDRESS:        | 7019 OLD REFLECTION CIRCLE |   |  |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111   |   |  |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
|                 |                          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | RICHARD ALLEN SHEARIN    |   |                                   |
| TITLE:          | VICE PRESIDENT           |   |                                   |
| ADDRESS:        | 7654 WALNUT GROVE ROAD   |   |                                   |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111 |   |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
|                 |                          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | BARBARA ALICE OWENS      |   |                                   |
| TITLE:          | ASST TREASURER           |   |                                   |
| ADDRESS:        | 7266 STONEWALL DRIVE     |   |                                   |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111 |   |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
|                 |                          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | TERRY HUDSON DOGGETT     |   |                                   |
| TITLE:          | ASST SECRETARY           |   |                                   |
| ADDRESS:        | 7039 BROOKING WAY        |   |                                   |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111 |   |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
|                 |                          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | VICTORIA PARKER SHEARIN  |   |                                   |
| TITLE:          | SECRETARY                |   |                                   |
| ADDRESS:        | 7654 WALNUT GROVE ROAD   |   |                                   |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23111 |   |                                   |

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/ DENNIS W SMITH                                  | DENNIS W SMITH, PRESIDENT        | 4/4/2015 |
| 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.