

1.) CORPORATION NAME:

WINCHESTER ROYALS, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JIMMIE L SHIPP
740 SELDON DR
WINCHESTER, VA 22601**

SCC ID NO: **02246098**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WINCHESTER CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 740 SELDON DRIVE
PO BOX 2485

CITY/ST/ZIP: WINCHESTER, VA 22604-5148

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:	TODD G THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2063 CIDERMILL LANE		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:	VINCENT A DIBENEDETTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	944 WOODLAND DR		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:	BETTY PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	802 WINDER COURT		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:	JAMES PHILLIPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	802 WINDER CT		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		

NAME:	DIXIE ERWIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5259 MAIN ST		
CITY/ST/ZIP/CO:	STEPHENS CITY, VA 22655-2633		

NAME:	RICHARD GLADU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	219 ALTA VISTA DR		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22602		

NAME: KENNETH HOCKIN TITLE: DIRECTOR ADDRESS: 518 N BRADDOCK ST CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MIKIE JONES TITLE: DIRECTOR ADDRESS: 3108 MIDDLE RD CITY/ST/ZIP/CO: WINCHESTER, VA 22602-5102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CLINTON E JONES TITLE: DIRECTOR ADDRESS: 3108 MIDDLE RD CITY/ST/ZIP/CO: WINCHESTER, VA 22602-5102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KRISTI LEMIEUX TITLE: DIRECTOR ADDRESS: 106 DELL CT CITY/ST/ZIP/CO: WINCHESTER, VA 22602-7035	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JIMMIE L SHIPP TITLE: DIRECTOR ADDRESS: 740 SELDON DR CITY/ST/ZIP/CO: WINCHESTER, VA 22601-3235	<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/ JIMMIE LSHIPP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JIMMIE LSHIPP, PRINTED NAME AND CORPORATE TITLE	12/11/2012 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.		