

1.) CORPORATION NAME:

ROOFTOP OF VIRGINIA REALTY CORP.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES T WARD
104 1/2 E GRAYSON ST
PO BOX 637**

SCC ID NO: **02797926**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GALAX, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GALAX CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 206 N MAIN ST., P.O. BOX 853

CITY/ST/ZIP: GALAX, VA 24333

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:	DAVID HUTCHINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	147 MALLARD DRIVE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		

NAME:	MARTHA AUSTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 ARCHA STREET		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343		

NAME:	DELMER FIELDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	648 LONGVIEW LANE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		

NAME:	ROGER HALSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1151 N INDEPENDENCE AVE.		
CITY/ST/ZIP/CO:	INDEPENDENCE, VA 24348		

NAME:	JONATHAN SWEET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	129 DAVIS STREET		
CITY/ST/ZIP/CO:	P. O. BOX 217 INDEPENDENCE, VA 24348		

NAME:	RENAE ALDERMAN-MITCHELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 1922		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343		

NAME:	KENNETH R. BELTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	402 OLD BAYWOOD ROAD		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	ALVIN DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	605-9 PINE STREET		
CITY/ST/ZIP/CO:	HILLSVILLE, VA 24343		
NAME:	JOHN GARNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 276		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	DR. TOM LITRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	209 PAINTER ST., SUTIE 1		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	TED MERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 WALNUT ST.		
CITY/ST/ZIP/CO:	GALAX, VA 24333-3922		
NAME:	LAURA ROMANOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 492		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	GENEVA SHAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1151 GLENDALE ROAD, APT.#10		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	JUDY TAYLOR-GALLIMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 EAST GRAYSON STREET		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	HILDA J TUCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	166 CALLOWAY STREET		
CITY/ST/ZIP/CO:	GALAX, VA 24333		
NAME:	TONY ISOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 434		
CITY/ST/ZIP/CO:	INDEPENDENCE, VA 24348		
NAME:	DUSTENE McKENNA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	85 DOGWOOD LANE		
CITY/ST/ZIP/CO:	INDEPENDENCE, VA 24348		

NAME:	BECKY McLENDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 WOODLAND AVENUE		
CITY/ST/ZIP/CO:	GALAX, VA 24333		

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/ DAVID HUTCHINS	DAVID HUTCHINS, CHAIRMAN	11/1/2013
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.