

1.) CORPORATION NAME: HEART OF VIRGINIA AVIATION, INC.	DUE DATE: 1/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KIMBERLY H GRIMES 11152 AIR PARK RD ASHLAND, VA	SCC ID NO: 03874641				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA	<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>4,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	4,000
CLASS	AUTHORIZED				
COMMON	4,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6096

CITY/ST/ZIP: ASHLAND, VA 23005

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: TOMMY L GRIMES TITLE: PRES/TREAS ADDRESS: PO BOX 6096 CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY H GRIMES TITLE: VICE PRESIDENT ADDRESS: PO BOX 6069 CITY/ST/ZIP/CO: ASHLAND, VA 23005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILLIP SOLOMON TITLE: DIR ADDRESS: 1700 MULBERRY DRIVE CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<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/ TOMMY L GRIMES	TOMMY L GRIMES, PRES/TREAS	2/14/2014
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.