

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215522914				
1.) CORPORATION NAME: HIRED HANDS & ASSOCIATES, INC.		DUE DATE: 6/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVEN A MEADE PATTEN WORNOM ET AL 12350 JEFFERSON AVE STE 300 NEWPORT NEWS, VA		SCC ID NO: 03943529				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </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: 1035 WHIPPINGHAM PARKWAY CITY/ST/ZIP: CARROLLTON, VA 23314-3126						
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: ANNA M. BURNS TITLE: PRES/TREASURER ADDRESS: 1035 WHIPPINGHAM PARKWAY CITY/ST/ZIP/CO: CARROLLTON, VA 23314-3126	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: TIMOTHY J. BURNS TITLE: VP/SECRETARY ADDRESS: 1035 WHIPPINGHAM PARKWAY CITY/ST/ZIP/CO: CARROLLTON, VA 23314-3126	<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/ ANNA M. BURNS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANNA M. BURNS, PRES/TREASURER _____ PRINTED NAME AND CORPORATE TITLE	6/13/2015 _____ 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.						