

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216510747

1.) CORPORATION NAME:

BILL WRIGHT INSURANCE AGENCY, INC.

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM J WRIGHT
305 BROOKE AVE STE 403
NORFOLK, VA**

SCC ID NO: **04054581**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4316 VIRGINIA BEACH BLVD
STE D

CITY/ST/ZIP: VIRGINIA BEACH, VA 23452

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:	WILLIAM J WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	305 BROOKE AVE #403		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	CLAUDIA L BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	305 BROOKE AVE #403		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

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/ WILLIAM J WRIGHT	WILLIAM J WRIGHT, PRESIDENT	3/24/2016
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.