

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214507360

1.) CORPORATION NAME:

ALBERTA MANOR, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD A. BURGE
143 INDUSTRIAL PARKWAY
CLARKSVILLE, VA**

SCC ID NO: **04222469**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 143 INDUSTRIAL PARKWAY
PO BOX 1478

CITY/ST/ZIP: CLARKSVILLE, VA 23927

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:	DONALD A. BURGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	143 INDUSTRIAL PARKWAY PO BOX 1478 CLARKSVILLE, VA 23927		
CITY/ST/ZIP/CO:			
NAME:	JOSEPH BITTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4888 DRY BREAD ROAD WHITE PLAINS, VA 23893		
CITY/ST/ZIP/CO:			
NAME:	SHIRLEY WETHERBEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	416 BINFORD STREET SOUTH HILL, VA 23970		
CITY/ST/ZIP/CO:			
NAME:	BARRY BANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1610 TALLEY STREET SOUTH BOSTON, VA 24592		
CITY/ST/ZIP/CO:			
NAME:	ELSIE GLADDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 252 HALIFAX, VA 24598		
CITY/ST/ZIP/CO:			
NAME:	THOMAS KLUGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2204 WILBORN AVENUE SOUTH BOSTON, VA 24592		
CITY/ST/ZIP/CO:			

NAME: JACIE ROBERTS TITLE: TREASURER ADDRESS: PO BOX 1176 CITY/ST/ZIP/CO: CLARKSVILLE, VA 23927	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA TAYLOR TITLE: VICE CHAIRMAN ADDRESS: PO BOX 799 CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD THORNHILL TITLE: SECRETARY ADDRESS: 297 PRESTWOOD ROAD CITY/ST/ZIP/CO: ALBERTA, VA 23821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NOVELLA MOORE TITLE: DIRECTOR ADDRESS: PO BOX 416 CITY/ST/ZIP/CO: BUFFALO JUNCTION, VA 24529	<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/ DONALD A. BURGE <hr style="border: 0; border-top: 1px solid black;"/> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD A. BURGE, EXECUTIVE DIR <hr style="border: 0; border-top: 1px solid black;"/> PRINTED NAME AND CORPORATE TITLE	2/5/2014 <hr style="border: 0; border-top: 1px solid black;"/> 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.		