

1.) CORPORATION NAME: **Joy of Life, Inc.** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **TWILA RESSLER** SCC ID NO: **04918330**

**3 RIFES FORD RD
VERONA, VA 24482**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
AUGUSTA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 RIFES FORD RD

CITY/ST/ZIP: VERONA, VA 24482

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK BENTZ	
TITLE:	PRESIDENT	
ADDRESS:	95 VALLEY VIEW DR	
CITY/ST/ZIP/CO:	MT. SIDNEY, VA 24467	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TWILA RESSLER	
TITLE:	VICE PRESIDENT	
ADDRESS:	3 RIFES FORD RD	
CITY/ST/ZIP/CO:	VERONA, VA 24482	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONNA GARRETT	
TITLE:	CO-DIRECTOR	
ADDRESS:	3 RIFES FORD RD	
CITY/ST/ZIP/CO:	VERONA, VA 24482	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEANNIE PILSON	
TITLE:	SECRETARY	
ADDRESS:	915 SKYMONT DR	
CITY/ST/ZIP/CO:	STAUNTON, VA 24401	

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/ TWILA RESSLER	TWILA RESSLER, VICE	11/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.