

1.) CORPORATION NAME:

OCCUPATIONAL ENTERPRISES, INC.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
GARY BLANKENBECLER
2003 EAST MAIN STREET
PO BOX 729**

SCC ID NO: **04960456**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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LEBANON, VA 24266

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RUSSELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 729

CITY/ST/ZIP: LEBANON, VA 24266-

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 checked="" type="checkbox"/> DIRECTOR
NAME:	GARY BLANKENBECLER	
TITLE:	SECRETARY	
ADDRESS:	P O BOX 637	
CITY/ST/ZIP/CO:	GATE CITY, VA 24251-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA SURBER	
TITLE:	DIRECTOR	
ADDRESS:	P O BOX 348	
CITY/ST/ZIP/CO:	JONESVILLE, VA 24262-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REX TESTER	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 149	
CITY/ST/ZIP/CO:	TAZWELL, VA 24651-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAT ARNOLD	
TITLE:	DIRECTOR	
ADDRESS:	121 BAGLEY CIRCLE STE 200	
CITY/ST/ZIP/CO:	MARION, VA 24354-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JIM ANDERSON	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 1207	
CITY/ST/ZIP/CO:	LEBANON, VA 24266-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRUMAN MULLINS CHAIRMAN PO BOX 417 CLINTWOOD, VA 24228-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE HALL DIRECTOR 275 SOUTH 4TH STREET WYTHEVILLE, VA 24382-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS AUSTIN DIRECTOR RT. 5 108-E GRUNDY, VA 24614-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB FRANK DIRECTOR 15068 LEE HIGHWAY SUITE 200 BRISTOL, VA 24202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE JENNINGS DIRECTOR 605-8 PINE STREET HILLSVILLE, VA 24343-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY ISOM DIRECTOR PO BOX 434 INDEPENDENCE, VA 24348-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GINGER SENTER DIRECTOR PO BOX 810 CLINTWOOD, VA 24228-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM SOBEY DIRECTOR PO BOX 55 BLAND, VA 24315-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE MULLINS Acting Director PO BOX 888 WISE, VA 24293-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER HENSLEY Acting Director 15068 LEE HIGHWAY SUITE 100 BRISTOL, VA 24201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROGER RAMEY TITLE: DIRECTOR ADDRESS: PO BOX 378 CITY/ST/ZIP/CO: NORTON, VA 24273-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BOB GOSE TITLE: VICE CHAIRMAN ADDRESS: 621 WASHINGTON STREET CITY/ST/ZIP/CO: BRISTOL, VA 24201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHARLES BENNETT TITLE: DIRECTOR ADDRESS: PO BOX 195 CITY/ST/ZIP/CO: WISE, VA 24293-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROGER BROWN TITLE: DIRECTOR ADDRESS: 4719 LYNN SPRINGS ROAD CITY/ST/ZIP/CO: SWORDS CREEK, VA 24649-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TRUMAN MULLINS	TRUMAN MULLINS, CHAIRMAN	1/20/2012
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.