

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214535284
1.) CORPORATION NAME: Health and Home Support Services, Inc.		DUE DATE: 5/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICIA MAINOR 3112 CHESTNUT AVE NEWPORT NEWS, VA		SCC ID NO: 05031992
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3112 CHESTNUT AVE CITY/ST/ZIP: NEWPORT NEWS, VA 23607		
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: PATRICIA MAINOR TITLE: PRESIDENT ADDRESS: PO BOX 1439 CITY/ST/ZIP/CO: HAMPTON, VA 23661	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MAROLYN V EDMONDS TITLE: DIRECTOR ADDRESS: 3150 N STONEBRIDGE DR CITY/ST/ZIP/CO: NORFOLK, VA 23504	<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/ PATRICIA MAINOR	PATRICIA MAINOR, PRESIDENT	7/11/2014
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.		