

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214526834

1.) CORPORATION NAME:

Drummond Insurance Agency, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**E GARRISON DRUMMOND
16297 LANKFORD HWY
PO BOX 186**

SCC ID NO: **05437561**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

NELSONIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ACCOMACK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 186

CITY/ST/ZIP: NELSONIA, VA 23414

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: E. GARRISON DRUMMOND
 TITLE: PRESIDENT
 ADDRESS: P.O. BOX 186
 CITY/ST/ZIP/CO: NELSONIA, VA 23414

OFFICER

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/ E. GARRISON DRUMMOND
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

E. GARRISON DRUMMOND,
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

5/27/2014

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.