

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213560225

1.) CORPORATION NAME:

**Sheehan Insurance Service, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM PATRICK SHEEHAN  
24106 MERCERS CROSSING CT  
ALDIE, VA**

SCC ID NO: **05499355**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 764  
6611 JEFFERSON ST

CITY/ST/ZIP: HAYMARKET, VA 20168

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:	WILLIAM PATRICK SHEEHAN		
TITLE:	PRESIDENT		
ADDRESS:	14945 WASHINGTON ST PO BOX 764		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20168		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK JOSEPH SHEEHAN		
TITLE:	VICE PRESIDENT		
ADDRESS:	14945 WASHINGTON ST PO BOX 764		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20168		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW A LEE		
TITLE:	CFO		
ADDRESS:	14945 WASHINGTON ST PO BOX 764		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20168		

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/ WILLIAM PATRICK SHEEHAN	WILLIAM PATRICK SHEEHAN,	12/20/2013
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.