

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214514337
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1.) CORPORATION NAME: Shady's Place, Inc.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRENDA WOOD 15819 THOMAS NELSON HIGHWAY LOVINGSTON, VA	SCC ID NO: 05770110				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NELSON COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 375 CITY/ST/ZIP: LOVINGSTON, VA 22949	
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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: BRENDA L WOOD TITLE: P/T/S ADDRESS: PO BOX 375 CITY/ST/ZIP/CO: LOVINGSTON, VA 22949	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: FORREST E WOOD TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 375 CITY/ST/ZIP/CO: LOVINGSTON, VA 22949	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: STACY A WOOD TITLE: SECRETARY ADDRESS: P.O. BOX 375 CITY/ST/ZIP/CO: LOVINGSTON, VA 22949	<input checked="" type="checkbox"/>	OFFICER	<input 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/ BRENDA L WOOD	BRENDA L WOOD, P/T/S	3/19/2014
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.