

1.) CORPORATION NAME:

LAKESCAPES NURSERY, LTD.

DUE DATE: **2/29/2012**

SCC ID NO: **05913504**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
BARRY E WADE
PO BOX 219
UNION HALL, VA 24176**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FRANKLIN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 219

CITY/ST/ZIP: UNION HALL, VA 24176-

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: TIM TINGLER
TITLE: PRESIDENT
ADDRESS: PO BOX 208
CITY/ST/ZIP/CO: UNION HALL, VA 24176-

OFFICER

DIRECTOR

NAME: BARRY E WADE
TITLE: SECRETARY
ADDRESS: PO BOX 219
CITY/ST/ZIP/CO: UNION HALL, VA 24176-

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/ BARRY E WADE

BARRY E WADE, SECRETARY

2/26/2012

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.