

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215513946

1.) CORPORATION NAME:

MNK Unlimited, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL N KNOX
9 SOL THORPE LN
CHESAPEAKE, VA**

SCC ID NO: **05921382**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4228 Portsmouth Blvd.

CITY/ST/ZIP: PORTSMOUTH, VA 23701

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:	MICHAEL N KNOX		
TITLE:	PRESIDENT		
ADDRESS:	11 WARWICK ST		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23707		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD HOLBROOK		
TITLE:	VICE PRESIDENT		
ADDRESS:	721 SPARROW ROAD		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERESA KNOX		
TITLE:	SECRETARY		
ADDRESS:	9 SOL THORPE LN		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NICHOLAS KNOX		
TITLE:	TREASURER		
ADDRESS:	9 SOL THORPE LANE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		

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/ MICHAEL N KNOX	MICHAEL N KNOX, PRESIDENT	4/13/2015
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.