

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214519385
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1.) CORPORATION NAME: <b>TMF &amp; Associates, Inc.</b>	DUE DATE: <b>4/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TROY FAULCONER 703 BOURNE STREET FREDERICKSBURG, VA</b>	SCC ID NO: <b>06149355</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAFFORD COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </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: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 703 Bourne Street

CITY/ST/ZIP: FREDERICKSBURG, VA 22405

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: TROY FAULCONER		
TITLE: PRESIDENT		
ADDRESS: 703 Bourne Street		
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELANIE A FAULCONER		
TITLE: VP/SEC/TREAS		
ADDRESS: 703 Bourne Street		
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405		

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/ TROY FAULCONER	TROY FAULCONER, PRESIDENT	4/15/2014
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.