

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213540594

1.) CORPORATION NAME:

SENIORS UNLIMITED LIFESTYLES, INC.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KEDRON A. SPRINGER, P.C.
508 BAYLOR COURT
SUITE B**

SCC ID NO: **06253082**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHESAPEAKE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 453 LONGDALE CRESCENT

CITY/ST/ZIP: CHESAPEAKE, VA 23325

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:	EDNA MURRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1624 WICOMICO LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		

NAME:	GERALD PORTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1348 WHITE BIRCH LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23453		

NAME:	NORMAN DOVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2310 OAK AVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607		

NAME:	MICHAEL MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	506 SHINGLE CREEK		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME:	ANGELA WHITEHEAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	453 LONGDALE CRESCENT		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23325		

NAME:	EVELYN COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 ROSEMONT ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		

NAME: JAMES CREECY TITLE: DIRECTOR ADDRESS: 1029 TANER AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMASENA MASON TITLE: DIRECTOR ADDRESS: 446 BEACON HILL CIRCLE CITY/ST/ZIP/CO: NORFOLK, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ ANGELA WHITEHEAD	ANGELA WHITEHEAD, CEO	8/29/2013
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.