

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214508336

1.) CORPORATION NAME:

**Blue Ridge Heritage, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**F STEPHEN SWARTZ  
3073 BULL MOUNTAIN RD  
PO BOX 269**

SCC ID NO: **06720924**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**STUART, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PATRICK COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 269

CITY/ST/ZIP: STUART, VA 24171

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:	F STEPHEN SWARTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 269		
CITY/ST/ZIP/CO:	STUART, VA 24171		

NAME:	A LEE CHICHESTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 878		
CITY/ST/ZIP/CO:	MEADOWS OF DAN, VA 24120		

NAME:	JOHN H GETGOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	835 SPRING DALE ROAD		
CITY/ST/ZIP/CO:	PO BOX 507 FLOYD, VA 24091		

NAME:	JERRY BOOTHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	195 STORKERS KNOB ROAD		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		

NAME:	ANGIE BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1421		
CITY/ST/ZIP/CO:	STUART, VA 24171		

NAME:	WAYNE M KIRKPATRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1342 COMMERCE STREET		
CITY/ST/ZIP/CO:	STUART, VA 24171		

NAME: RALPH H LUTTS TITLE: DIRECTOR ADDRESS: 311 DAN RIVER ROAD CITY/ST/ZIP/CO: MEADOWS OF DAN, VA 24121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN S PRICE TITLE: DIRECTOR ADDRESS: 3800 BUFFALO MTN RD SW CITY/ST/ZIP/CO: WILLIS, VA , VA 24380	<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/ F STEPHEN SWARTZ	F STEPHEN SWARTZ, PRESIDENT	2/13/2014
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.