

1.) CORPORATION NAME:

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

RENEWANATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07057797**

**MELVIN ADAMS
8420 CLOVERDALE RD
TROUTVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BOTETOURT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8420 CLOVERDALE RD

CITY/ST/ZIP: TROUTVILLE, VA 24175

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:	MELVIN ADAMS SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/COO		
ADDRESS:	818 WYSONG MILL RD		
CITY/ST/ZIP/CO:	HARDY, VA 24101		
NAME:	DAVID BLANTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	481 S TIMBERLAKE DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		
NAME:	JEFF KEATON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FOUNDER/CHAIR/C		
ADDRESS:	914 PENMAR AVE SE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24013		
NAME:	GARY FEAZELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 BEECHNUT LN		
CITY/ST/ZIP/CO:	MONETA, VA 24121		
NAME:	JEFF GANTHNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3236 JOPLIN LN		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23323		
NAME:	NINA GILLESPIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10108 GOLF COURSE RD		
CITY/ST/ZIP/CO:	FAYETTEVILLE, PA 17222		

NAME: RANDY KRANTZ TITLE: DIRECTOR ADDRESS: 2579 ROCK CLIFF RD CITY/ST/ZIP/CO: BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONTE STETLER TITLE: DIRECTOR ADDRESS: 1447 MELINDA LANE CITY/ST/ZIP/CO: ELSMERE, KY 41018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY STOUFFER TITLE: DIRECTOR ADDRESS: 121 BRIAR CLIFF DR CITY/ST/ZIP/CO: MONETA, VA 24121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Larry Douglas Daugherty TITLE: DIRECTOR ADDRESS: 8800 Quill St CITY/ST/ZIP/CO: Shawnee, KS 66227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ MELVIN ADAMS SR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MELVIN ADAMS SR, PRESIDENT/COO _____ PRINTED NAME AND CORPORATE TITLE	2/19/2014 _____ 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.		