

1.) CORPORATION NAME:

Ed Shelton Group Inc.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

B L CRUMP

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **07160427**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2839 HATHAWAY ROAD

CITY/ST/ZIP: RICHMOND, VA 23225-

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: EDWIN L SHELTON TITLE: PRESIDENT ADDRESS: 1206 KINGHAM DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDDIE ANN BONSER TITLE: DIRECTOR ADDRESS: 13610 SOLTICE CLOSE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM DAVID BROWN TITLE: DIRECTOR ADDRESS: 52 RILEY ROAD 332 CITY/ST/ZIP/CO: CELEBRATION, FL 34747-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN COCKE TITLE: DIRECTOR ADDRESS: 3280 PATCH TERRACE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23058-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM HAYNIE TITLE: DIRECTOR ADDRESS: 3012 CALCUTT DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	V E MCCRAY DIRECTOR 246 CROOKED TREE TRAIL DELAND, FL 32724-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER MINTER DIRECTOR 1468 SCHOEDER ROAD POWHATAN, VA 23139-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES STORIE DIRECTOR 3407 W LEIGH STREET RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEDA S LANE SECRETARY 2839 HATHAWAY ROAD RICHMOND, VA 23225-	<input checked="" 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/ MEDA S LANE	MEDA S LANE, SECRETARY	10/20/2011
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.