

SCC eFile

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

213524189

1.) CORPORATION NAME:

FAMILY HORIZONS HOME HEALTH CARE AGENCY INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONNIEL JACKSON
24 ONVILLE ROAD
SUITE 101D**

SCC ID NO: **07244205**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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STAFFORD, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 24 ONVILLE ROAD
SUITE 101D

CITY/ST/ZIP: STAFFORD, VA 22556

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:	DONNIEL JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	31 THORNBERRY LANE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	DONNIEL JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 THORNBERRY LANE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

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/ DONNIEL JACKSON	DONNIEL JACKSON, PRESIDENT	5/22/2013
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.