

1.) CORPORATION NAME:

**Life Cycle Services, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **07266166**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**ANTHONY SNELL**

**904 AUDUBON CIR**

**CHESAPEAKE, VA 23320**

5.) STOCK INFORMATION

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

**CHESAPEAKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 904 AUDUBON CIR.

CITY/ST/ZIP: CHESAPEAKE, VA 23320-

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: KENDRA E HARRELL  
TITLE: DIRECTOR  
ADDRESS: NO ADDRESS GIVEN  
CITY/ST/ZIP/CO: \*, VA 99999-

OFFICER  DIRECTOR

NAME: SHERRY HARRELL  
TITLE: DIRECTOR  
ADDRESS: NO ADDRESS GIVEN  
CITY/ST/ZIP/CO: \*, VA 99999-

OFFICER  DIRECTOR

NAME: GREGORY HARRELL  
TITLE: DIRECTOR  
ADDRESS: NO ADDRESS GIVEN  
CITY/ST/ZIP/CO: \*, VA 99999-

OFFICER  DIRECTOR

NAME: BENJAMIN SNELL  
TITLE: DIRECTOR  
ADDRESS: NO ADDRESS GIVEN  
CITY/ST/ZIP/CO: \*, VA 99999-

OFFICER  DIRECTOR

NAME: SHRILEY SNELL  
TITLE: DIRECTOR  
ADDRESS: NO ADDRESS GIVEN  
CITY/ST/ZIP/CO: \*, VA 99999-

OFFICER  DIRECTOR

NAME: ANTHONY SNELL TITLE: CHAIRMAN ADDRESS: 904 AUDUBON CIR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input checked="" 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/ ANTHONY SNELL	ANTHONY SNELL, CHAIRMAN	10/11/2011
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.