

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214545836
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1.) CORPORATION NAME: JASON DOVE INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JASON DOVE 54 E CHURCH ST MARTINSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MARTINSVILLE CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 9/30/2014 SCC ID NO: 07415011 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">1</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 54 E. CHURCH STREET CITY/ST/ZIP: MARTINSVILLE, VA 24112

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: KATHY M DOVE TITLE: VICE PRESIDENT ADDRESS: 54 E. CHURCH STREET CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: JASON DOVE TITLE: DIRECTOR ADDRESS: 194 FOX CHASE DR CITY/ST/ZIP/CO: COLLINSVILLE, VA 24078	<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/ KATHY M DOVE	KATHY M DOVE, VICE PRESIDENT	10/6/2014
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.