

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212552204
1.) CORPORATION NAME: <b>Hodges Hands of Hope</b>		DUE DATE: <b>11/30/2012</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CRAIG HODGE 6670 VISCOE RD FAIRLAWN, VA 24141</b>		SCC ID NO: <b>07440910</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PULASKI COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6670 VISCOE ROAD  CITY/ST/ZIP: RADFORD, VA 24141		
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: CRAIG HODGE TITLE: DIRECTOR ADDRESS: 6670 VISCOE ROAD CITY/ST/ZIP/CO: FAIRLAWN, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KARI HODGE TITLE: DIRECTOR ADDRESS: 6670 VISCOE ROAD CITY/ST/ZIP/CO: FAIRLAWN, VA 24141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG Hodge TITLE: PRESIDENT ADDRESS: 6670 VISCOE CITY/ST/ZIP/CO: RADFORD, VA 24141	<input checked="" type="checkbox"/> OFFICER	<input 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/ CRAIG HODGE	CRAIG HODGE, DIRECTOR	1/2/2013
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.		