

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212527994

1.) CORPORATION NAME:

**Disability Specialists, Inc.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1755125**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20055 SW PACIFIC HWY STE 203

CITY/ST/ZIP: SHERWOOD, OR 97140

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:	WILLIAM L POLLOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20055 SW PACIFIC HWY STE 203		
CITY/ST/ZIP/CO:	SHERWOOD, OR 97140		

NAME:	SCOTT FLETCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	251 EDELWEISS DR #4		
CITY/ST/ZIP/CO:	BOZEMAN, MT 59718		

NAME:	TRAVIS HAYNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20055 SW PACIFIC HWY STE 203		
CITY/ST/ZIP/CO:	SHERWOOD, OR 97140		

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/ WILLIAM L POLLOCK	WILLIAM L POLLOCK, PRESIDENT	7/24/2012
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.