

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212542097
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1.) CORPORATION NAME: <b>Dukes-Moore Insurance Agency, Inc.</b>	DUE DATE: <b>11/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 23111</b>	SCC ID NO: <b>F1773094</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 205 HIGH ST  CITY/ST/ZIP: CHESTERTOWN, MD 21620	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL R MOORE		
TITLE: PRESIDENT		
ADDRESS: P O BOX 179		
CITY/ST/ZIP/CO: CHESTERTOWN, MD 21620		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY S MOORE		
TITLE: SECRETARY/TREAS		
ADDRESS: P O BOX 179		
CITY/ST/ZIP/CO: CHESTERTOWN, MD 21620		

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/ WENDY S MOORE	WENDY S MOORE, SECRETARY/TREAS	10/31/2012
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.