

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215528724

1.) CORPORATION NAME:

Duffey Southeast, Inc.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1836040**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMA | 100,000 |
| COMB | 100,000 |

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 209 EAST WARE STREET
P.O. BOX 108

CITY/ST/ZIP: CEDARTOWN, GA 30125

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: | ROBERT D BAKER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIR | | |
| ADDRESS: | 209 E WARE ST | | |
| CITY/ST/ZIP/CO: | CEDARTOWN, GA 30125 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | DARRIN KINES | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | NOT STATED | | |
| ADDRESS: | 209 E WARE ST | | |
| CITY/ST/ZIP/CO: | CEDARTOWN, GA 30125 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | STEWART ROBERSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 209 E WARE STREET | | |
| CITY/ST/ZIP/CO: | CEDARTOWN, GA 30125 | | |

| | | | |
|-----------------|---------------------|----------------------------------|--|
| NAME: | HAROLD W WYATT JR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 209 E WARE ST | | |
| CITY/ST/ZIP/CO: | CEDARTOWN, GA 30125 | | |

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/ ROBERT D BAKER | ROBERT D BAKER, DIR | 7/30/2015 |
| 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.