

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214557804
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1.) CORPORATION NAME: Siesta Insurance Agency Inc.	DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA	SCC ID NO: F1841560				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	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: DE					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1503 E LATIMER PL

CITY/ST/ZIP: WILMINGTON, DE 19805

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: IBN GOLDSBOROUGH TITLE: PRESIDENT ADDRESS: 1608 NEWPORT GAP PKE CITY/ST/ZIP/CO: WILMINGTON, DE 19808		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIFFANI GOLDSBOROUGH TITLE: VICE PRESIDENT ADDRESS: 1608 NEWPORT GAP PKE CITY/ST/ZIP/CO: WILMINGTON, DE 19808		

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/ IBN GOLDSBOROUGH	IBN GOLDSBOROUGH, PRESIDENT	3/31/2015
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.