

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214508388

1.) CORPORATION NAME:

**THOUSAND ISLANDS AGENCY, INC.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENTS INC  
4445 CORPORATION LANE STE 264  
VIRGINIA BEACH, VA**

SCC ID NO: **F1920968**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 853 James Street  
PO Box 456

CITY/ST/ZIP: Clayton, NY 13624

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 type="checkbox"/> DIRECTOR
NAME:	Brendan Higgins		
TITLE:	PRESIDENT		
ADDRESS:	10868 US Route 11 PO Box 7 Adams, NY 13605		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Brendan Higgins		
TITLE:	TREASURER		
ADDRESS:	10868 US Route 11 PO Box 7 Adams, NY 13605		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Edgar J. Higgins, Jr.		
TITLE:	VICE PRESIDENT		
ADDRESS:	853 James St PO Box 456 Clayton, NY 13624		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Edgar J. Higgins, Jr.		
TITLE:	SECRETARY		
ADDRESS:	853 James St. PO Box 456 Clayton, NY 13624		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Mary L. Higgins		
TITLE:	ASST SECRETARY		
ADDRESS:	170 E. Broadway PO Box 799 Cape Vincent, NY 13618		
CITY/ST/ZIP/CO:			

NAME:	Carrie Disotell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	170 E. Broadway		
CITY/ST/ZIP/CO:	PO Box 799 Cape Vincent, NY 13618		

NAME:	Brendan Higgins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10868 US Route 11		
CITY/ST/ZIP/CO:	PO Box 7 Adams, NY 13605		

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.

<u>/s/ Mary L.Higgins</u>	<u>Mary L.Higgins,</u>	<u>2/13/2014</u>
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.