

2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 03146552 Filing Number: 2111013821139 Filing Date/Time: 11/01/2021 10:57 AM

1. CORPORATION NAME: KENNETH L. JARRETT, CPA, P.C.

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

SCC ID NO .: 0314655-2

KENNETH L. JARRETT 2214 EXECUTIVE DR., STE. E HAMPTON, VA 23666-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 5.000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 650-HAMPTON CITY

4. STATE OR COUNTRY OF INCORPORATION: VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

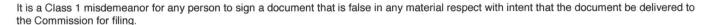
| Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
|---|---|
| ADDRESS: 2214 EXECUTIVE DR STE E | ADDRESS: |
| | |
| | |
| | |
| CITY/ST/ZIP HAMPTON, VA 23666-0000 | CITY/ST/ZIP |
| | |

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.

If the block to the left is blank or contains incorrect data, please mark appropriate Mark appropriate box unless area below is blank: box and enter information below: Information is correct Information is incorrect ☐ Correction ☐ Addition ☐ Replacement Delete information OFFICER | DIRECTOR | OFFICER X DIRECTOR X NAME: KENNETH L JARRETT NAME: TITLE: P/S TITLE: ADDRESS: 103 MANOR HOUSE COURT ADDRESS: CITY/ST/ZIP: YORKTOWN, VA 23692-0000 CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT





2021 ANNUAL REPORT CONTINUED

CORPORATION NAME: KENNETH L. JARRETT, CPA, P.C. DUE DATE: 012/31/21 SCC ID NO .: 0314655-2

All directors and principal officers must be listed.

| 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) | An individual may be designated as both a director and an officer. |
|---|--|
| Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: | NAME: |
| TITLE: | TITLE: |
| ADDRESS: | ADDRESS: |
| CITY/ST/ZIP: | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: | NAME: |
| TITLE: | TITLE: |
| ADDRESS: | ADDRESS: |
| CITY/CT/ZID. | OITV/OT/7ID. |
| CITY/ST/ZIP: | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: TITLE: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: TITLE: ADDRESS: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: |
| Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: |
| Mark appropriate box unless area below is blank: Information is correct | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement |
| Mark appropriate box unless area below is blank: Information is correct | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR OFFICER DIRECTOR OFFICER DIRECTOR OFFICER DIRECTOR |
| Mark appropriate box unless area below is blank: Information is correct | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: NAME: |

