

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 03146685
Filing Number: 2111083846656
Filing Date/Time: 11/08/2021 11:33 AM
Effective Date/Time: 11/08/2021 11:33 AM



1. CORPORATION NAME:
Ellis-Gibson Development Company

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
DOUGLAS D ELLIS
1081 19TH ST STE 203
VIRGINIA BEACH, VA 23451-5600

SCC ID NO.: 0314668-5

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
810-VIRGINIA BEACH 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:

<input type="checkbox"/> 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: 1081 19TH STREET SUITE 203	ADDRESS:
CITY/ST/ZIP VIRGINIA BEACH, VA 23451-0000	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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN L. GIBSON, III	NAME:
TITLE: EXEC VP/SEC	TITLE:
ADDRESS: 1081 19TH ST STE 203	ADDRESS:
CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-0000	CITY/ST/ZIP:

0010276



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

John L. Gibson, III, EVP
PRINTED NAME AND CORPORATE TITLE

11-3-21
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Ellis-Gibson Development Company

DUE DATE: **012/31/21**
SCC ID NO.: **0314668-5**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: DOUGLAS D ELLIS TITLE: P/T ADDRESS: 1081 19TH ST STE 203 CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-0000	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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