

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

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 04770905 Filing Number: 2112033929545 Filing Date/Time: 12/03/2021 11:03 AM

1. CORPORATION NAME: Daniel G. Gilliland, CPA, P.C.

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

SCC ID NO .: 0477090-5

DANIEL G GILLILAND 7700 LEESBURG PIKE SUITE 402B FALLS CHURCH, VA 22043-0000

5. TOTAL NUMBER OF AUTHORIZED 1,000 SHARES:

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 059-FAIRFAX COUNTY
- 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: 7700 LEESBURG PIKE STE 402 B	ADDRESS:
CITY/ST/ZIP FALLS CHURCH, VA 22043-2615	CITY/ST/ZIP

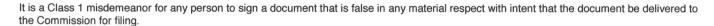
7. DIRECTORS AND PRINCIPAL OFFICERS:

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: ☐ 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: DANIEL G GILLILAND	NAME:
TITLE: President	TITLE:
ADDRESS: 7700 LEESBURG PIKE STE 402B	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22043-0000	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:

Daniel G. Gilliland, CPA, P.C.

DUE DATE: 012/31/21

SCC ID NO .: 0477090-5

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:	If the block to the left is blank or contains incorrect data, please mark appropriate
☐ Information is correct ☐ Information is incorrect ☐ Delete information	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:	If the block to the left is blank or contains incorrect data, please mark appropriate
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
GIT 1/31/2II .	CIT 1/31/ZIF.
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:	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: OFFICER DIRECTOR NAME: TITLE:
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 Information is incorrect Delete information 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: TITLE: ADDRESS: CITY/ST/ZIP:
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 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: OFFICER DIRECTOR NAME:

