2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07380181
Filling Number: 2205174542024
Filling Date/Time: 05/17/2022 10:23 AM
Effective Date/Time: 05/17/2022 10:23 AM

1. CORPORATION NAME:

The Law Office of Steven D.Barnette, P.C.

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

CHRISTOPHER B HOLLEY 10513 JUDICIAL DRIVE, SUITE 202 FAIRFAX, VA 22030-0000 DUE DATE: 06/30/22

SCC ID NO .: 0738018-1

5. TOTAL NUMBER OF AUTHORIZED

SHARES: 100

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 600-FAIRFAX CITY (FILED IN FAI

 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: 6688 MAIN STREET	ADDRESS:
,	
CITY/ST/ZIP GLOUCESTER, VA 23061-0000	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: ☐ Information is correct ☐ 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: STEVEN D BARNETTE	NAME:
TITLE: OWNER	TITLE:
ADDRESS: 887 MONTAGUE ISLAND RD	ADDRESS:
CITY/ST/ZIP: JAMAICA, VA 23079-0000	CITY/ST/ZIP:

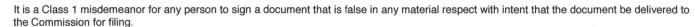
I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT STEVEN D. BARNETTE/CHNER

PRINTED NAME AND CORPORATE TITLE

5-12-22

DATE





2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:

The Law Office of Steven D.Barnette, P.C.

DUE DATE: 06/30/22

SCC ID NO .: 0738018-1

All directors and principal officers must be listed.

7. DITLOTORIS A	ND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unle	ess area below is blank: 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 unle	ess 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 unle	ess area below is blank: 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
		box and enter information below:
	☐ Information is incorrect ☐ Delete information	box and enter information below:
☐ Information is correct	☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct NAME:	☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
□ Information is correct NAME: TITLE:	☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
NAME: TITLE: ADDRESS:	☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐	DIRECTOR NAME: TITLE: ADDRESS:
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Description Description	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Description	DIRECTOR 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
□ Information is correct NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unle	☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Description	DIRECTOR DIR
□ Information is correct NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unle □ Information is correct NAME:	☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ Description	DIRECTOR DIR

