

**2022 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 04770905  
Filing Number: 2212155265314  
Filing Date/Time: 12/15/2022 10:40 AM  
Effective Date/Time: 12/15/2022 10:40 AM



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

DUE DATE: 012/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
DANIEL G GILLILAND  
7600 Leesburg Pike Ste 320  
Falls Church, VA 22043-2004

SCC ID NO.: 0477090-5

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 1,000

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:

<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: 7700 LEESBURG PIKE STE 402 B	ADDRESS: <i>7600 Leesburg Pike Suite 320 East Building</i>
CITY/ST/ZIP FALLS CHURCH, VA 22043-2615	CITY/ST/ZIP <i>Falls Church VA 22043</i>

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.

0003805



Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: DANIEL G GILLILAND	NAME: <i>Daniel G. Gilliland</i>
TITLE: President	TITLE: <i>President</i>
ADDRESS: 7700 LEESBURG PIKE STE 402B	ADDRESS: <i>7600 Leesburg Ake #320 East Bldg</i>
CITY/ST/ZIP: FALLS CHURCH, VA 22043-0000	CITY/ST/ZIP: <i>Falls Church VA 22043</i>

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

*Daniel Gilliland*  
PRINTED NAME AND CORPORATE TITLE

*12/19/22*  
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.

## 2022 ANNUAL REPORT CONTINUED

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

DUE DATE: **012/31/22**  
SCC ID NO.: **0477090-5**

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

<p>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</p>	<p>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>
<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

