

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21121.0735--1/19/2012

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211210735

1. CORPORATION NAME:
CROWELL ACCT. & TAX, INC., M. R.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
MARY R CROWELL

11900 COALBORO RD

CHESTERFIELD, VA 23838
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
120-CHESTERFIELD COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: 12/31/11

SCC ID NO.: 0477056-6

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

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

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" 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: 11900 COALBORO RD CITY/ST/ZIP CHESTERFIELD, VA 23838	ADDRESS: 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 checked="" 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"/> NAME: MARY ROBERTSON CROWELL TITLE: P/D ADDRESS: 11900 COALBORO ROAD CITY/ST/ZIP: CHESTERFIELD, VA 23838	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

Mary R Crowell MARY R Crowell / Pres. Dir 1/15/2012
 SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
 LISTED IN THIS REPORT

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.

CORPORATION NAME:
CROWELL ACCT. & TAX, INC., M. R.

DUE DATE: 12/31/11
SCC ID NO.: 0477056-6

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input checked="" 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"/> NAME: GEORGE G CROWELL TITLE: VP/D ADDRESS: 4659 ROLLINGWOOD LA CITY/ST/ZIP: GLEN ALLEN, VA 23060	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" 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 type="checkbox"/> NAME: ROBERT W CROWELL TITLE: S/T ADDRESS: 11900 COALBAR RD CITY/ST/ZIP: CHESTERFIELD, VA 23838	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:



CONSENT OF THE STOCKHOLDERS

Pursuant to section 13.1-657 of the Code of Virginia the undersigned, being all of the Stockholders of M R CROWELL ACCT. & TAX, INC., a Virginia Corporation execute this written Consent in lieu of an annual meeting to the following actions taken by them effective January 01, 2012.

The acts and proceedings of the Board of Directors and Officers of the corporation since the last annual consent are hereby ratified, approved and confirmed.

The following persons are elected as Directors and Officers of this Corporation until December 31, 2011, Mary R. Crowell, Robert W. Crowell and George G. Crowell., Director and Officer or until their successors are duly elected.

No further action is consented to or taken.



MARY R CROWELL

OFFICER & DIRECTOR