

**2012 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**

21218.1340--11/28/2012

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212181340

1. CORPORATION NAME:  
 JOHN'S ANTIQUES, INC.

DUE DATE: 12/31/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
 BARBARA G. HOLLEY

SCC ID NO.: 0225396-1

2011 NORTH MAIN STREET

DANVILLE, VA 24540

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
 205-DANVILLE CITY

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

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 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: 2011 NORTH MAIN STREET	ADDRESS:
CITY/ST/ZIP DANVILLE, VA 24540	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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: BARBARA G. HOLLEY	NAME:
TITLE: PRES/TREAS	TITLE:
ADDRESS: 329 WRENN DRIVE	ADDRESS:
CITY/ST/ZIP: DANVILLE, VA 24540	CITY/ST/ZIP:

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

Barbara G. Holley                      Barbara G. Holley, Pres.                      11-24-12  
 SIGNATURE OF DIRECTOR/OFFICER                      PRINTED NAME AND CORPORATE TITLE                      DATE  
 LISTED IN THIS REPORT

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p>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</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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:        JAMES D. GOFORTH, SR.          TITLE:        VP/SEC          ADDRESS:     155 HARTFORD STREET          CITY/ST/ZIP: DANVILLE, VA 24540</p>	<p style="text-align: center;">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 checked="" 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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

