

2015 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION

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1	CORPORAT	ION	NAM	F٠

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PERRY AND CASTANO, C.P.A., P.C.

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

DUE DATE: 02/28/15

SCC ID NO.: 0298843-4

THOMAS M. PERRY 129 SOUTH LYNNHAVEN ROAD VIRGINIA BEACH, VA 23452

5. STOCK INFORMATION

		CLASS	AUTHORIZED
١.	CITY OR COUNTY OF VA REGISTERED OFFICE: 228-VIRGINIA BEACH CITY	COMMON	100
••	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: 129 SOUTH LYNNHAVEN ROAD	ADDRESS:
CITY/ST/ZIP VIRGINIA BEACH, VA 23452	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

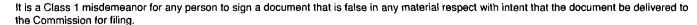
All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below Information is correct Information is incorrect ☐ Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER | DIRECTOR | NAME: THOMAS M PERRY NAME: TITLE: PRESIDENT TITLE: ADDRESS: 2501 LINEHAN CT. ADDRESS: CITY/ST/ZIP: VIRGINIA BEACH, VA 23454 CITY/ST/ZIP:

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

SIGNATURE OF DIRECTOR/OFFICE LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE



CORPORATION NAME: PERRY AND CASTANO, C.P.A., P.C. DUE DATE: 02/28/15 SCC ID NO.: 0298843-4

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: 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:
OFFICER 🗷 DIRECTOR 🔀	OFFICER DIRECTOR
NAME: JESUS A CASTANO JR	NAME:
TITLE: VICE PRESIDENT	TITLE:
ADDRESS: 2028 WESTHAM WOODS	ADDRESS:
CITY/ST/ZIP: VIRGINIA BEACH, VA 23454	CITY/ST/ZIP:
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:
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
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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: Correction Addition Fleplacement OFFICER DIRECTOR NAME:
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