

2018 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

218126692



REINSTATE

12

1. CORPORATION NAME  
CERTISURE, INC

DUE DATE:

CORPORATE ID.: F204591-4

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: B.E. AUTH IN VIRGINI.

PARACORP INCORPORATED  
4288 HANOVER GREEN DR  
MECHANICSVILLE VA 23111

5. TOTAL NUMBER OF AUTHORIZED SHARES:  
6,000

*LM  
8-23-18*

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
142 - HANOVER COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
FL - FLORIDA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at [scc.virginia.gov/clk/formfee.aspx](http://scc.virginia.gov/clk/formfee.aspx) or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 147 Avenue C SW Ste 101
CITY/ST/ZIP:	CITY/ST/ZIP: Winter Haven, FL 33880

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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	NAME: James Knight OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
TITLE:	TITLE: President
ADDRESS:	ADDRESS: 147 Avenue C SW Ste 101
CITY/ST/ZIP:	CITY/ST/ZIP: Winter Haven, FL 33880

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

*[Signature]*  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

James Knight, President  
PRINTED NAME AND TITLE

8/3/18  
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.

CISRXXW

