

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07525397
Filing Number: 200518671223
Filing Date/Time: 05/18/2020 03:48 PM
Effective Date/Time: 05/18/2020 03:48 PM



1. CORPORATION NAME:
IVEYHOUSE, LTD.

DUE DATE: **06/30/20**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
BRYAN K STREETER
6958 FOREST HILL AVENUE
SUITE B
RICHMOND, VA 23225-0000

SCC ID NO.: **0752539-7**

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
760-RICHMOND CITY

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 5,000

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: 925 EDINBOROUGH DRIVE	ADDRESS: N/A
CITY/ST/ZIP <input checked="" type="checkbox"/> COLONIAL HEIGHTS, VA 23834-0000	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.

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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 checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JEFFREY EDWARD LINDSTROM	NAME: N/A
TITLE: President	TITLE:
ADDRESS: 925 EDINBOROUGH DR	ADDRESS:
CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834-0000	CITY/ST/ZIP:

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

Jeffrey E. Lindstrom JEFFREY E. LINDSTROM OFFICER
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE 5.14.2020
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.

2020 ANNUAL REPORT CONTINUED

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MARGARET IVEY LINDSTROM TITLE: ADDRESS: 925 EDINBOROUGH DR CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: N/A 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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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