


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90043 049 ***158.75

DOCUMENT # F0600002364

1. Entity Name
 THOMAS RUTHERFOORD, INC.



Principal Place of Business
 1001 HAXALL POINT #800
 RICHMOND, VA 23219

Mailing Address
 1001 HAXALL POINT #800
 RICHMOND, VA 23219

2. Principal Place of Business - No P.O. Box #
 One South Jefferson Street
 Suite, Apt. #, etc.


3. Mailing Address
 One South Jefferson St.
 Suite, Apt. #, etc.

City & State
 Roanoke, VA

City & State
 Roanoke, VA

Zip 24011 Country US

Zip 24011 Country US



02042007 Chg-P CR2E034 (12/06)

4. FEI Number
 54-0735803

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR. #4
 WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUTHERFOORD, THOMAS D 5500 CHEROKEE AVE ALEXANDRIA, VA 22312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROWN ^{Should be BROWN} BROWN, THOMAS 1001 HAXALL POINT #800 RICHMOND, VA 23219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, FRED C 1 SOUTH JEFFERSON ST ROANOKE, VA 24011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEADMAN, GEORGE A III 1 SOUTH JEFFERSON ST ROANOKE, VA 24011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ^{Should be MASON} MASONMAN, WILLIAM B III 1001 HAXALL POINT #800 RICHMOND, VA 23219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENOCHS, KIMBERLY 1 SOUTH JEFFERSON ST ROANOKE, VA 24011	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	last name is BROWN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	last name is MASON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brad Buis **BRAD BUIS** 2/8/07 540-767-4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #