


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90003 014 \*\*\*550.00

**DOCUMENT # F97000001760**  
 1. Entity Name  
**ALL A BOARD OF VIRGINIA, INC.**



Principal Place of Business      Mailing Address  
 395 DABBS HOUSE RD.      395 DABBS HOUSE RD.  
 RICHMOND, VA 23223      RICHMOND, VA 23223

**54064337**

**DO NOT WRITE IN THIS SPACE**



07122004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>54-1786184</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \$550.00**  
**Due by September 8, 2004**

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	PDC ETHERIDGE, WALTER C JR 395 DABBS HOUSE RD. RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTH, ANDREW M 395 DABBS HOUSE RD. RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARRIS, KENNETH W JR 395 DABBS HOUSE RD. RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURFORD, WILLIAM W 395 DABBS HOUSE RD. RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTEER, CYNTHIA A 395 DABBS HOUSE RD. RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Kenneth W. Harris Jr.*    **Kenneth W. Harris Jr.**    **7-12-04**    **(804) 652-0020**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #