

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21014.944 210149442
03/04/2010

210149442

CORPORATIONS



2010 MAR -5 PM 12:30

① CORPORATION NAME
SYNERGY PROJECT, INC.

DUE DATE: 2/26/2010
CORPORATION ID: 0515617-9

② VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

CHRISTOPHER MAXWELL
1520 PORTER ST
RICHMOND VA 23224

③ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
216 - RICHMOND CITY

④ STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ③ is blank or incorrect, you must add or change the principal office address where indicated. If item ② is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 1520 PORTER ST	ADDRESS:
CITY/ST/ZIP: RICHMOND VA 23224	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: <input checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: ADELE MACLEAN TITLE: PRESIDENT ADDRESS: 5308 FITZHUGH AVE CITY/ST/ZIP: RICHMOND VA 23226	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Row Skinner
PRINTED NAME AND TITLE

3/3/2010
DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

2010 ANNUAL REPORT CONTINUED

DUE DATE: 2/26/2010
CORPORATE ID: 0515617-9

- ⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued): 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 checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: CHRISTOPHER MAXWELL TITLE: SECRETARY ADDRESS: 1520 PONTER ST CITY/ST/ZIP: RICHMOND VA 23224	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: RON SKINNER TITLE: TREASURER ADDRESS: 5309 HORNE ST CITY/ST/ZIP: RICHMOND VA 23226	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: ALLAN LEVENBERG TITLE: DIRECTOR ADDRESS: 3858 FAUQUIER AVE CITY/ST/ZIP: RICHMOND VA 23227	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: REBECCA SKINNER TITLE: DIRECTOR ADDRESS: 8907 ARCH GROVE CT CITY/ST/ZIP: RICHMOND VA 23236	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21014.9442--3/4/2010

21014943



2010 MAR -5
SECRETARY'S OFFICE

DATE: 2/26/2010
CORPORATION ID: 0515636-9

① CORPORATION NAME
DESIGNS BY JO, INC.

② VA REGISTERED AGENT NAME AND ADDRESS: DIRECTOR.

LAURIE J PERRIELLO
1045 SHILLELAGH RD
CHESAPEAKE VA 23322

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	5,000

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
236 - CHESAPEAKE CITY

④ STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA

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⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 1045 SHILLELAGH ROAD	ADDRESS:
CITY/ST/ZIP: CHESAPEAKE VA 23323	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: <input checked="" 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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: DALE PAUL PERRIELLO TITLE: PRES/TREAS ADDRESS: 1045 SHILLELAGH ROAD CITY/ST/ZIP: CHESAPEAKE VA 23323	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND TITLE

3-1-10
DATE

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2010 ANNUAL REPORT CONTINUED

DUE DATE: 2/26/2010
CORPORATE ID: 0515636-9

- ⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued): All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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NAME: LAURIE JO PERRIELLO TITLE: VP/S ADDRESS: 1045 SHILLELAGH ROAD CITY/ST/ZIP: CHESAPEAKE VA 23322	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
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