

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817513

FILED
Feb 04, 2004
Secretary of State

Entity Name: THE EXPOSITION COMPANY

Current Principal Place of Business:

99 SIXTH STREET SW
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

99 SIXTH STREET,SW
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 58-0238090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILTON, CHARLES R.
99 6TH ST SW
WINTER HAVEN, FL 338807900 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: BLACK, JANE C.,
Address: 520 E PACES FERRY RD NE
City-St-Zip: ATLANTA, GA

Title: TD () Delete
Name: BLACK, DAMERON III
Address: 520 E PACES FERRY ROAD NE
City-St-Zip: ATLANTA, GA 02

Title: SATD () Delete
Name: HOLMES, SHARYN C
Address: 520 E PACES FERRY ROAD NE
City-St-Zip: ATLANTA, GA 02

Title: VD () Delete
Name: BLACK, DAMERON IV
Address: 520 E PACES FERRY RD NE
City-St-Zip: ATLANTA, GA

Title: VD () Delete
Name: BLACK, EMORY C
Address: 520 E PACES FERRY RD NE
City-St-Zip: ATLANTA, GA

Title: VD (X) Delete
Name: BLACK, JAMES F.
Address: 520 E PACES FERRY RD NE
City-St-Zip: ATLANTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BLACK, JAMES F.
Address: 520 E PACES FERRY RD NE
City-St-Zip: ATLANTA, GA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARYN C HOLMES

MS

02/04/2004

Electronic Signature of Signing Officer or Director

Date