

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 817513

1. Entity Name
THE EXPOSITION COMPANY



Principal Place of Business Mailing Address
99 SIXTH STREET SW **99 SIXTH STREET SW**
WINTER HAVEN, FL 33880 US **WINTER HAVEN, FL 33880 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-0238090 **Not Applicable**

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

6. Name and Address of Current Registered Agent

CHILTON, CHARLES R.
99 6TH ST SW
WINTER HAVEN, FL 33880-7900

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CPD
NAME **BLACK, JANE C.**
STREET ADDRESS **520 E PACES FERRY RD NE**
CITY-ST-ZIP **ATLANTA, GA**

TITLE TD
NAME **BLACK, DAMERON III**
STREET ADDRESS **520 E PACES FERRY ROAD NE**
CITY-ST-ZIP **ATLANTA, GA 02**

TITLE SATD
NAME **HOLMES, SHARYN C**
STREET ADDRESS **520 E PACES FERRY ROAD NE**
CITY-ST-ZIP **ATLANTA, GA 02**

TITLE VD
NAME **BLACK, DAMERON IV**
STREET ADDRESS **520 E PACES FERRY RD NE**
CITY-ST-ZIP **ATLANTA, GA**

TITLE VD
NAME **BLACK, JAMES F.**
STREET ADDRESS **520 E PACES FERRY RD NE**
CITY-ST-ZIP **ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sharyn C Holmes* **SHARYN C. HOLMES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05 *404 2336404*
Date Daytime Phone #