2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 817513

1. Entity Name
THE EXPOSITION COMPANY

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

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0238090
☐ Applied For
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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	

U00000437096
02/28/06-80028-011 150.00

DO NOT WRITE IN THIS SPACE

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: Sharyn Holmes SHARYN HOLMES 2/14/06 404 2336404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #