


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 018 \*\*\*150.00

<b>DOCUMENT # 817513</b> 1. Entity Name THE EXPOSITION COMPANY	
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Principal Place of Business 99 SIXTH STREET SW WINTER HAVEN, FL 33880 US	Mailing Address 99 SIXTH STREET, SW WINTER HAVEN, FL 33880 US
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0238090	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

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

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD BLACK, JANE C. 520 E PACES FERRY RD NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLACK, DAMERON III 520 E PACES FERRY ROAD NE ATLANTA, GA 02
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SATO HOLMES, SHARYN C 520 E PACES FERRY ROAD NE ATLANTA, GA 02 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACK, DAMERON IV 520 E PACES FERRY RD NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACK, JAMES F. 520 E PACES FERRY RD NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Jane Cocke Black **JANE COCKE BLACK** **President** 1/16/07 404-233-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #