

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00764

1. Entity Name
CUMBERLAND VALLEY SHOWS, INC.



Principal Place of Business

**200 CARVER LANE
P O BOX 702
LEBANON, TN 37088-702 US**

Mailing Address

**200 CARVER LANE
P O BOX 702
LEBANON, TN 37088-702 US**

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number

62-0963234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J
1084 FLAGLER AVENUE
LEESBURG, FL 34748**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STAFFORD, TERRY
200 CARVER LANE
LEBANON, TN 37087**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
FLOYD, J.D.
118 OAK HILL DRIVE
LEBANON, TN**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
BAXTER, JANE
PO BOX 702
LEBANON, TN 37088**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
INGRAM, CLYDE
200 CARVER LANE
LEBANON, TN 37087**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
FLOYD, JANET
200 CARVER LANE
LEBANON, TN 37087**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000237136
02/21/05-80047-014 150.00

**DO NOT WRITE
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry L. Stafford
2/15/05

615-444-6627