

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE VD
NAME FLOYD, J.D.
STREET ADDRESS 116 OAK HILL DRIVE
CITY- ST- ZIP LEBANON TN

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000659112
03/27/07-80059-017 150.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clyde Ingram* Clyde Ingram

3/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #