


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 013 ***150.00

DOCUMENT # P04000040725	
1. Entity Name EXQUISITE EVENTS AND PRODUCTIONS, INC.	

Principal Place of Business 2063 GILMORE STREET JACKSONVILLE, FL 32204 <i>2157 Ernest</i>	Mailing Address 2063 GILMORE STREET JACKSONVILLE, FL 32204 <i>2157 Ernest</i>
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0464802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DICKENS, DAVID 2063 GILMORE STREET JACKSONVILLE, FL 32204
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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 <i>David Dickens</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE <i>4/27/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DICKENS, DAVID L 2157 ERNEST STREET JACKSONVILLE, FL 32204
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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: <i>David Dickens</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/27/07</i>	DAYTIME PHONE # <i>9043072876</i>