

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P9200007932

1. Entity Name
FLORAL EXPOSITIONS, INC.



Principal Place of Business
2100 PREMIER ROW
ORLANDO, FL 32809

Mailing Address
2100 PREMIER ROW
ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

2/1

**FILED
Mar 06, 2008 8:00 am
Secretary of State**

02-06-2008 90037 048 ***150.00

66002607



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3154362	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 N MAGNOLIA AVENUE
ORLANDO, FL 32803

**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 remailing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: NICHOLS, RICHARD W
STREET ADDRESS: 2100 PREMIER ROW
CITY-ST-ZIP: ORLANDO, FL

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:

RICHARD W NICHOLS JR 3/4/08 (407)855-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #