

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009679

1. Entity Name
CONVENTIONS . EXHIBITS . PROMOTIONS . INC.



Principal Place of Business

18840 US HWY 19N
SUITE 415
CLEARWATER, FL 33764-3120 US

Mailing Address

18840 US HWY 19N
SUITE 415
CLEARWATER, FL 33764-3120 US

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 004 ***150.00



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0375236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAFFER, HENRY
7770 W OAKLAND PARK BLVD
SUITE 303
SUNRISE, FL 33351

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGHES, GARY
STREET ADDRESS	2594 COUNTRYSIDE BLVD.
CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	PRESIDENT
NAME	CHRISTOPHER M. BODDEN
STREET ADDRESS	407 PARK AVE SOUTH #25B
CITY-ST-ZIP	NEW YORK NY 10016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07