

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000078577

1. Entity Name

CANADIAN EXPOSURES CORPORATION



Principal Place of Business

**2062 IMPERIAL CIRCLE
NAPLES FL 34110**

Mailing Address

**2062 IMPERIAL CIRCLE
NAPLES FL 34110**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3531646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCVICKER, KEVIN
5790 14TH AVE
NAPLES FL 34119**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCVICKER, CARL GRANT JR**
STREET ADDRESS **5790 14 AVENUE NORTHWEST**
CITY-STATE-ZIP **NAPLES FL 34119**

TITLE **VD** ☐ Delete
NAME **MCVICKER, CARL GRANT III**
STREET ADDRESS **5790 14 AVENUE NORTHWEST**
CITY-STATE-ZIP **NAPLES FL 34119**

TITLE **STD** ☐ Delete
NAME **MCVICKER, KEVIN HOWARD**
STREET ADDRESS **5790 14 AVENUE NORTHWEST**
CITY-STATE-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000439535
04/24/06-80033-016 150.00

TITLE ☐ Change ☐ Add
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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 registered agent 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: Carl G. Mvicker **CARL GRANT MCVICKER** **4-6-06** **(239) 586-22**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #