

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 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



08232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

000000772896

08/28/07-800000-007 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE STD
NAME MCVICKER, KEVIN HOWARD
STREET ADDRESS 5790 14 AVENUE NORTHWEST
CITY-ST-ZIP NAPLES, FL 34119

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: *Carl Grant Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-07 239 566-2651
Date Daytime Phone #