


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L26927**  
 1. Entity Name  
**BOARDWORKS OUTDOOR ADVERTISING COMPANY, INC.**



Principal Place of Business      Mailing Address  
 1211 WILLIAMS ST      2720 COLONIAL DR. NE  
 2ND FLOOR      TUSCALOOSA, AL 35404    US  
 ATLANTA, GA 30309    US

**DO NOT WRITE IN THIS SPACE**



04262004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3060100**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOROWITZ, MITCHELL I  
 501 E. KENNEDY BLVD.  
 SUITE 1700  
 TAMPA, FL 33602

**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: *Jonathan Justin*      DATE: 4/28/04  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000158030  
 05/07/04-80005-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERTS, LAWRENCE A JR. 27 ROANOKE AVE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS JUNKIN, MARTHA 2720 COLONIAL DR. NE TUSCALOOSA, AL 35404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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: *Jonathan Justin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04    (205) 553-9984  
Date      Daytime Phone #