


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 046 ***150.00

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

40043829



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

27 ROANOKE AVE. Suite, Apt. #, etc.

02212008 Chg-P CR2E034 (12/06)

City & State City & State

ATLANTA GA City & State

Zip Country Zip Country

30305 Country Zip Country

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

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 reinstating) 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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, LAWRENCE A JR.	
STREET ADDRESS	27 ROANOKE AVE	
CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	JUNKIN, MARTHA	
STREET ADDRESS	2720 COLONIAL DR. NE	
CITY-ST-ZIP	TUSCALOOSA, AL 35404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martha Junkin Sec.* *Martha Junkin* *3/8/08* *8205-553-9424*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #