


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002270 1. Entity Name JAMESON OUTDOOR ADVERTISING COMPANY	
--	---

Principal Place of Business 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346	Mailing Address 8 PERIMETER CENTER EAST, STE. 8050 ATLANTA, GA 30346
--	--

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2480596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000361757
05/05/05-80062-006 350.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHIN, CRAIG R 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, WILLIAM D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CURLEE, STEVEN A 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BREW, MARTIN D 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461604
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #