


2006 FOR PROFIT CORPORATION ANNUAL REPORT


150

DOCUMENT # F96000000731 1. Entity Name LAMAR TEXAS GENERAL PARTNER, INC.	
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Principal Place of Business 5551 CORPORATE BLVD., STE 2A BATON ROUGE, LA 70808	Mailing Address PO BOX 66338 BATON ROUGE, LA 70896
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 19 AM 9:08
TALLAHASSEE, FLORIDA



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1309003	Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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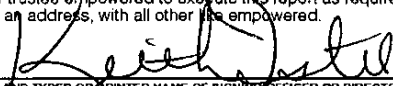
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, KEVIN P JR. 5551 CORPORATE BLVD. 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISTRE, KEITH A 5551 CORPORATE BLVD. 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCILWAIN, JAMES 5551 CORPORATE BLVD. 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHAND, GERALD H 5551 CORPORATE BLVD., STE. 2A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REILLY, SEAN 5551 CORPORATE BLVD. 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, T. EVERETT 5551 CORPORATE BLVD., STE. 2A BATON ROUGE, LA 70808

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900072757399
04/28/06--01035--005 **1500.00

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 I am empowered.

SIGNATURE:  4/12/06 225-926-1000

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