


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P40060**  
 1. Entity Name  
**OUTDOOR ALUMINUM, INCORPORATED**



Principal Place of Business      Mailing Address  
**P.O. BOX 118**      **P.O. BOX 118**  
**GENEVA, AL 36340**      **GENEVA, AL 36340**

**DO NOT WRITE IN THIS SPACE**



04052006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**63-0856214**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contributions.            Added to Fees      U00000521940  
 05/03/06-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KILPATRICK, W. T. RT. 1, BOX 93-H GENEVA, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINDHAM, BETTIE 1047 ROSEWOOD RD SAMSON, AL 36477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, D. C. 1776 ANDREWS AVE. OZARK, AL
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: *W.S. Kilpatrick, President*      *W.T. Kilpatrick, President*      4/13/06      334-684-2896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #